

Health & Wellbeing Board Agenda

Wednesday 18 March 2026 at 6.30 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

MEMBERSHIP

Councillor Bora Kwon (Chair) - Cabinet Member for Adult Social Care and Health
Councillor Alex Sanderson – Deputy Leader (with responsibility for Children and Education)
Dr James Cavanagh – H&F GP
Dianne Barham – Healthwatch representative
Caroline Farrar - HCP Managing Director
Dr Mayada Abu Affan – Director of Public Health
John Morley – Interim Director of Adult Social Care
Jacqui McShannon – Executive Director of People’s Services
Sarah Bright - Director of People’s Commissioning, Transformation and Partnerships
Susan Roostan – H&F ICB Borough Director
Sue Spiller – Chief Executive Officer, SOBUS
Detective Chief Inspector Matt Hogg – Metropolitan Police

Nominated Deputy Members

Councillor Natalia Perez – Chair of Health and Adult Social Care Policy and Accountability Committee
Councillor Helen Rowbottom – Chair of Children and Education Policy and Accountability Committee

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Governance and Scrutiny
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Members of the public and press are welcome, but spaces are limited so please contact Liam.Oliff@lbhf.gov.uk if you’d like to attend. The building has disabled access.

Date Issued: 10 March 2026

Health & Wellbeing Board Agenda

<u>Item</u>		<u>Pages</u>
1.	APOLOGIES FOR ABSENCE	
2.	DECLARATIONS OF INTEREST <p>If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p>	
3.	MINUTES AND ACTIONS <p>To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.</p>	4 - 11
4.	BETTER CARE FUND QUARTER 3 REPORT 2025-2026 <p>This Better Care Fund (BCF) paper sets out the London Borough of Hammersmith & Fulham (H&F) and the H&F Integrated Care Board (ICB)'s the BCF quarter 3 report.</p>	12 - 22
5.	BEST START IN LIFE PLAN <p>This report sets out the Hammersmith & Fulham Best Start in Life Local Plan 2026-2029.</p>	23 - 48

- 6. MEMORANDUM OF UNDERSTANDING** 49 - 52
- This report presents the Memorandum of Understanding (MoU) between West London NHS Trust (WLT) and the London Borough of Hammersmith & Fulham (LBHF).
- 7. H&F IMMUNISATION AND VACCINATION IMPROVEMENT PLAN** 53 - 88
- This report provides a summary of the plan put in place to improve vaccination uptake to reach herd immunity and reduce the risk of vaccine preventable infections in Hammersmith and Fulham.
- 8. ORAL HEALTH UPDATE IN HAMMERSMITH AND FULHAM** 89 - 98
- This paper provides an update on ongoing work to improve oral health in Hammersmith & Fulham, with a focus on children and young people.
- 9. WORK PROGRAMME**
- To discuss the Board's work programme.
- 10. DATES OF FUTURE MEETINGS**
- To note the following dates of future meetings:
- 22 Jun 2026
 - 9 Sep 2026
 - 9 Dec 2026
 - 16 Mar 2027

Agenda Item 3

London Borough of Hammersmith & Fulham

Health & Wellbeing Board Minutes



Wednesday 21 January 2026

PRESENT

Committee members

Councillor Bora Kwon (Chair) (Cabinet Member for Adult Social Care and Health)
Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education)
Dr James Cavanagh (H&F GP)
Diane Barham (Healthwatch)
Caroline Farrar (HCP Managing Director)
Dr Mayada Abu Affan (Interim Director of Public Health)
John Morley (Interim Director of Adult Social Care)
Jacqui McShannon (Executive Director of People's Services)
Sarah Bright (Director of People's Commissioning, Transformation and Partnerships)
Susan Roostan (H&F ICB Borough Director)
Sue Spiller (Chief Executive Officer, SOBUS)

Nominated deputy members

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)
Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)

Other attendees

Peggy Coles (HF Dementia Action Alliance)
Phil Tomsett (Head of Family Hubs)
Susan Hughes (Programme Lead, Public Health)
Debbie Yau (Committee Coordinator)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Detective Chief Inspector Matt Hogg (Metropolitan Police) and Vincent Law (West London NHS Trust).

Membership Update:

The Board appointed Dianne Barham, Chief Executive of Local Voice as its new Healthwatch representative and welcomed Dr Mayada Abu Affan, the new Director of Public Health and John Morley, the new Director of Adult Social Care as its new members.

2. DECLARATIONS OF INTEREST

There were no declarations of interests.

3. MINUTES AND ACTIONS

The Board noted the minutes of the informal meeting held on 10 September 2025.

In respect of the report on “Better Care Fund Plan 2025-26 and Quarter 1 report 2025-26” discussed at last meeting, the Board agreed to

1. Ratify the planned total expenditure and the proposed schemes in the Better Care Fund Plan for 2025 - 2026 (App.1);
2. Ratify the BCF Quarter 1 report for 2025 – 2026 (App. 2); and
3. Receive an end of year report outlining the outcomes of each scheme and the difference it had made for residents of H&F.

4. BETTER CARE FUND QUARTER 2 REPORT 2025/26

Sarah Bright (Director of People’s Commissioning, Transformation and Partnerships) gave a brief overview of the report. Susan Roostan (H&F ICB Borough Director) added that the Quarter 3 report was being prepared and would be submitted by the end of January.

Sue Spiller (Chief Executive Officer, SOBUS) sought reasons for the overspend of Community Equipment. Sarah Bright responded that there was a recent collapse of the provider appointed by a London consortium comprising 21 local authorities including Hammersmith and Fulham (H&F). The consortium put in place alternative arrangements immediately which inevitably incurred additional costs. The partnership with the new provider with other 7 local authorities across north and northwest London went well particularly with increased efficiency on ways of recycling. It was good to see the market had mobilised a brand-new provider and more improvements were expected as it progressed and established over time.

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education) expressed her thanks to the team for working so hard to tackle a difficult and impossible situation of replacing a vanishing provider with a brilliant alternative.

Highlighting Healthwatch’s focus on equalities and particular cohorts, Diane Barham (Healthwatch) suggested gauging user experience of a particular cohort about discharge and community equipment to see if there were any inequalities. Sarah Bright considered the suggestion fit in well with ongoing tasks and agreed to pick it up later.

ACTION: Sarah Bright

RESOLVED

Members agreed that

1. The Board ratified the BCF Quarter 2 report for 2025 - 2026 (Appendix 1); and

2. The Cabinet Member for Adult Social Care and Health received an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

5. **FAMILY HUBS ANNUAL REPORT 2024/25**

Philip Tomsett (Head of Family Hubs) presented the report which covered the three Family Hubs across the boroughs in areas of high deprivation. He highlighted the following:

- Family Hubs aimed to offer a single point of access for families to receive comprehensive support they needed, including parenting, cost of living and access to service providers partnered with the hubs.
- Key data showed there had been a high demand for this new service area, with the new role of navigators in each hub receiving high numbers of requests and referrals for support.
- There was an award-winning online offer for families.
- Various feedback loops and surveys revealed positive outcomes from interventions for families which felt welcome or very welcome.
- The hubs received external funding from the Department for Education.

Dr James Cavanagh (H&F GP) noted that H&F Family Hubs were important assets for the community. He asked what could be done to help organisations providing the services to be more involved in the evolution of the neighbourhood.

Philip Tomsett noted that he and his team were involved in various working groups, for example, place-based aspect of the neighbourhood health offer. They also worked closely with local GPs in child health and MDTs. Having good partnerships with key staff within health, the Hubs hoped to extend the partnership approach through various reforms including best starting life and neighbourhood health, bearing in mind not to duplicate service resources but enhance each other's offers.

Councillor Alex Sanderson (Deputy Leader with responsibility for Children and Education) welcomed the report which witnessed the Family Hubs moving from the pilot phase into a local system with all partnerships from health and voluntary sectors integrating together in co-location working.

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee) appreciated the Family Hub model and the positive outcomes. She was concerned about any groups being under-represented in the registration for the service of the Family hubs and steps taken to boost their awareness, e.g. those who were digitally excluded might fail to receive online offers.

Philip Tomsett noted that there was a catchment area for each Family Hub and together with partners' venues, the whole borough was almost covered except some gaps where the number of families registered was not desirable. The team planned to implement an outreach programme targeting families at those specific areas. Philip further highlighted that physical contact was the first port of call including face-to-face encounters at the Hub premises, and outreach activities at community

centres, libraries or partners' venues. Online services were an additional resource for families.

Recalling the suggestion of the Children and Education Policy and Accountability Committee for the Children's Service teams to constantly review their comms when reaching out, Jacqui McShannon (Executive Director of People's Services) commended the Family Hub team which did act on the feedback by seeking other routes beyond the routine of contacting tenants and residents associations.

Summing up, the Chair was impressed by the breath of services offered in the Family Hubs and suggested promoting the wider scope of the Family Hubs for people beyond those with children.

RESOLVED

That the Board noted the report.

6. H&F PHARMACEUTICAL NEEDS ASSESSMENT 2026-29

Dr Mayada Abu Affan (Interim Director of Public Health) gave a brief introduction of H&F Pharmaceutical Needs Assessment (PNA) 2026-29. She said that every three years, all Health and Wellbeing Boards were statutorily required to publish and regularly update a PNA for their borough. PNA aimed to assist decisions related to community pharmacies noting their additional input to prevention now helped reduce the demand on primary and urgent care. PNA helped the Board to manage the risks in terms of equitable access across the borough as a result of opening new pharmacies and closure or relocation of existing ones.

Susan Hughes (Programme Lead, Public Health) presented the PCN findings. She shared the concerns raised at a recent survey and remarked that the H&F Commission would improve access and experience by addressing opening hours, stock issues and communications on prescriptions readiness among GP, pharmacies and patients. She said that a PNA dashboard would be developed to monitor the trends by logging locations, opening hours and services of pharmacies and the feedback received for each of them. Susan concluded that the LBHF was well served in relation to the number and location of pharmacies and there was a good access to necessary and other relevant pharmaceutical services, with no current or anticipated gaps in provision during 2026-2029.

Sue Spiller (Chief Executive Officer, SOBUS) was concerned about the range of pharmaceutical services that were being taken up by residents. Susan Hughes noted that upon request, a list of available pharmaceutical services had been provided to families visiting Family Hubs. She understood from the survey that some cohorts such as carers might not be aware that local pharmacies did deliver prescriptions and so on. She believed there were some scopes to improve the dissemination of relevant information on the "Pharmacy First" service.

Dr Mayada Abu Affan explained that NHS England which commissioned the pharmaceutical services had the data on the range of services taken up by residents. The Council only received data on the public health services it commissioned to

pharmacies and hence there were no sufficient data to assess the impact of pharmaceutical services in reducing primary care demand.

Dr James Cavanagh (H&F GP) noted that the “Pharmacy First” service was commissioned by NHS England and widely broadcast/advertised through GP surgeries and that a large cohort of pharmacists in H&F had joined GP practices through national funding on workforce diversity. He considered it useful to map the number of pharmacists within the Primary Care Networks (PCNs) to understand the supply and service gaps, if any, in the PCNs. Dr Cavanagh sought details about pharmacists delivering medication to people’s homes or working with nursing homes, and the number of prescribing pharmacists in each PCNs. These data would help the Board to understand whether the community was being served with proper access and quality of pharmaceutical services. Dr Mayada Abu Affan considered the issue raised by Dr Cavanagh was very important and could be done in parallel to the PNA.

ACTION: Susan Hughes

The Chair said the report reflected the importance of pharmacies as an extension of health services providing personal human touch in the increasingly digital world. She expected the current pace of changes might warrant an update of the PCN within the next three years.

RESOLVED

That the Board agreed to

1. Approve the Hammersmith and Fulham Pharmaceutical Needs Assessment (PNA) 2026- 2029 for publication; and
2. Delegate authority to the PNA Steering Group to determine whether future changes in pharmaceutical services are minor (requiring only a supplementary statement) or sufficiently significant to warrant a new PNA within the next three years, and to report these decisions to the Health and Wellbeing Board.

7. HEALTHWATCH ANNUAL REPORT 2024/25

Sarah Bright (Director of People’s Commissioning, Transformation and Partnerships) presented the report 2024/25 which gave an overview of the engagement activities, key issues identified, and recommendations provided by the previous Healthwatch provider. Since September 2025 Healthwatch had been provided by Local Voice in the Community. The report also looked ahead to opportunities for exploring deeper collaboration with Healthwatch and health partners, aligning priorities where possible, sharing insights, and embedding co-production, so that local voices could inform decision-making and support measurable improvements in health and social care.

Caroline Farrar (HCP Managing Director) remarked that the new Healthwatch provider had identified three ongoing priorities from the annual report that would be

progressed as areas of focus in 2026. She said that the Partnership would collaborate with Local Voice in the Community to align these priorities and complement the wider health and care work programme, ensuring a unified approach to improving outcomes for residents.

Diane Barham (Healthwatch) added that the Healthwatch was asking for new insights from a bigger pool of information shared by local residents with a view to doing the same thing differently.

RESOLVED

That the Board noted the report.

8. VERBAL UPDATE ON ICB

Sue Roostan ((H&F ICB Borough Director) gave an update on ICB that as of 1st of April, the Northwest London ICB and North Central London ICB would merge to become West and North London ICB which shall be responsible to carry out the statutory functions and meet the statutory requirement for the 13 boroughs it covered.

Sue Roostan noted that the merge shall result in 50% reduction in staff across both ICBs while the new ICB would be expanding its strategic commissioning role as more and different services were commissioned upon request. In parallel to the 45-day staff consultation starting from last December, there had been a voluntary redundancy scheme with staff movements happening between mid-February to end of March 2026 and expected to continue probably until the first quarter of 2027.

Sue Roostan emphasised that while the best efforts would be made to ensure seamless transformation with business as usual, there would be changes in terms of ways of delivering those statutory functions during the process when the new ICB took up its role as a payer of services. Sue said that the full range of providers including partners, voluntary community sectors and the local authority as well as those in the Primary Care Networks would continue and focus on neighbourhood health with local accountability met through the new integrated neighbourhood teams. Discussions on transferring the statutory functions to the new structure were ongoing. While huge changes were expected, Sue was committed to keeping the Partnership and this Board updated. (42.46 - 48.36)

Sue Spiller (Chief Executive Officer, SOBUS) thanked the efforts of everyone involved in the transition delivering the job day-to-day despite the future uncertainty.

Dr James Cavanagh (H&F GP) expressed concern about the fundamental change of the transformation. Under the existing system, health providers were responsible to deliver the contracts entered with the commissioners who decided what were the right way to serve the needs of the population. The new ICB would set out the strategic goals determined by the high-level Integrated Care System for the providers to deliver. It might be opportunities but there might also be potential weaknesses.

In reply to the question of Councillor Helen Rowbottom (Chair of the Children and Education Policy and Accountability Committee) on the opportunities for the frontline delivery to align their expertise, Dr James Cavanagh acknowledged the transformation being a much more of an opportunity than a threat in LBHF given its extremely good organisations and oversight in service delivery by committed professionals. He compared and contrasted the current and new systems below:

- Under the existing contract-led system, the health outcomes were tightly bounded by the commissioned delivery and health colleagues felt limited by the tightly overseen contract. Pursuant to the new structure, provider organisations might work together to achieve the desired outcomes without being hampered by conflicting contracts.
- As the new strategic commissioner covered 13 boroughs, it might not have the capacity to understand the real needs of the local population and how well a provider could meet them without the oversight of a place-based commissioning organisation to oversee contract delivery.

Caroline Farrar (HCP Managing Director) recalled that in last September, the Board had considered H&F Health and Care Partnership – 10 Year Health Plan Update report which highlighted the changes that were happening in the NHS and the wider health and care sector in the next decade. Together with the new ICBs, there were many known unknowns, including new GP or national contracts, and the new governance structure of integrated teams. Nevertheless, she was certain there would be more understanding on ways to meet the outcome-based contracts and expected to see the new system held from initial tighter control to becoming more flexible over time when both opportunities and risks might emerge. She suggested the Board consider inviting one of the ICB executive colleagues to talk about some of the changes at its meeting in March or June 2026.

Cllr Alex Sanderson welcomed the suggestion and remarked that in view of the whole place of changes, there was a real chance for the local authority and the Board to consider ways to fill the gaps identified by Dr Cavanagh earlier. Both she and the Chair considered this could be a standing item for the Board to receive regular updates.

RESOLVED

That the Board noted the verbal update.

9. WORK PROGRAMME

The Chair noted that members and partners were welcome to email suggestions for the work programme to the clerk.

10. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:-

- 18 March 2026
- 22 June 2026

Meeting started: 6.35 pm
Meeting ended: 7.35 pm

Chair

Contact officer: Debbie Yau
Committee Coordinator
Corporate Services
Email: Debbie.Yau@lbhf.gov.uk

Agenda Item 4

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health & Wellbeing Board

Date: 18th March 2026

Subject: Better Care Fund (BCF) Quarter 3 report 2025-2026

Report author: Mohamed Muridi, Commissioning & Contracts Officer.
Chaksu Sharma, Programme Manager, H&F ICB

Responsible Director: John Morley, Director of Adult Social Care (DASS) and
Sue Roostan, Borough Director, H&F ICB

SUMMARY

This Better Care Fund (BCF) paper sets out the London Borough of Hammersmith & Fulham (H&F) and the H&F Integrated Care Board (ICB)'s the BCF quarter 3 report. The BCF Plan 2025-2026 was submitted to NHS England on 3rd July 2025 and the BCF Quarter 3 report will be submitted 30th January 2026.

This report seeks approval of the Health and Wellbeing Board (HWB) or the board's Chair on behalf of the HWB where submission deadlines do not align with the sitting of the board for the BCF Plan and Quarter 3 update as required by NHS England.

Where NHS England submissions precede the sitting of the board, HWB Chair's approvals will need to be ratified at the next HWB.

RECOMMENDATIONS

1. Approval of the BCF Quarter 3 BCF report for 2025-2026 by the Chair of the Health & Wellbeing Board in advance of the Health and Wellbeing board meeting.
-

Wards Affected: (Give the Wards directly affected, or "None" or "All")

Our Values	Summary of how this report aligns to the H&F Corporate Plan and the H&F Values
Creating a compassionate and inclusive council	The Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital and supporting people to get home as soon as they are well.

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Background Papers Used in Preparing This Report

None.

1. EXECUTIVE SUMMARY

1. In accordance with the statutory duties and powers given to the Health and Wellbeing Board (HWB) by the Health and Social Care Act 2012, the Board's Terms of Reference in Hammersmith & Fulham Council's constitution include overseeing the development and use of the Better Care Fund (BCF) by the Council and the H&F Integrated Care System (ICS).
2. The Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital. Residents that do require admission to hospital are supported to get home as soon as they are well.
3. The H&F BCF plan submitted to NHS England details the following:
 - Planned income and expenditure.
 - Planned performance targets against BCF metrics (avoidable admission, falls, discharge to normal place of residence and residential admissions).
4. One of the three BCF metrics are not on track to meet target as follows:
 - Emergency admissions have not met its target due to a spike in winter conditions and flu's (for people aged 65+). Although this metric is not currently on track, a range of wider system initiatives are helping reduce avoidable admissions, including digital front-door pathways, 111 assessments and Same Day Emergency Care. The rollout of Integrated Care Coordination hubs expanded UCR capacity and frailty virtual wards is further supporting community-based responses and preventing unnecessary conveyance. Additional programmes such as enhanced community support, neuro-navigation and the Pharmacy First scheme are also helping de-escalate care needs and facilitate timely discharges- Not on track to meet target.
 - Discharge delays (adult patients discharged from acute hospitals on their discharge ready date) – is on track to meet target.
 - Residential admissions (long term support needs of older people aged 65 and over met by admissions to residential and nursing care homes – is on track to meet target.
5. The Quarter 3 report 2025-2026 focuses on the use of hospital discharge and residential funding as stipulated in by the NHS England and details the following:
 - Planned expenditure and actual expenditure to date.
 - Planned and actual outputs delivered to date.

6. The BCF quarter 3 report submission deadline date set by NHS England was 31 October 2024. The Chair of the H&F HWB Board approved the final version of the BCF quarter 2 report before officers submitted it to NHS England on 28 October 2024.

HWB BCF Requirements

7. The HWB is required to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 continue to be met through the delivery of joint BCF plan.
8. The four national conditions are all continued to be met and are (1) plans to be jointly agreed, (2) implementing the objectives of the BCF, (3) complying with the grant and funding opportunities including maintaining the NHS minimum contribution to adult social care (ASC) and section 75 in place and (4) complying with oversight and support processes.
9. The key purpose of BCF reporting are as follows:
 - To confirm the status of continued compliance against the requirements of the fund (BCF).
 - In Quarter 3 to refresh capacity and demand plans, and in Quarter 4 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans.
 - To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.

Appendix 1 – Quarter 3 submission 2025-2026

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

Note on entering information into this template

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.
2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2025-26 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

In summary, the four National conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing the objectives of the BCF

National condition 3: Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) (and section 75 in place)

National condition 4: Complying with oversight and support processes

4. Metrics

The BCF plan includes the following metrics (these are not cumulative/YTD):

1. Emergency admissions to hospital for people aged 65+ per 100,000 population. (monthly)
2. Average number of days from Discharge Ready Date to discharge (all adult acute patients). (monthly)
3. Admissions to long term residential and nursing care for people aged 65+ per 100,000 population. (quarterly)

Plans for these metrics were agreed as part of the BCF planning process outlined within 25/26 planning submissions.

Populations are based on 2024 mid year estimates, please note this has been updated from the Q2 template to match the DHSC metrics dashboard.

Within each section, you should set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care.

☒

The bottom section for each metric also captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

The metrics worksheet seeks a short explanation if a goal has not been met - in which case please provide a short explanation, including noting any key mitigating actions. You can also use this section to provide a very brief explanation of overall progress if you wish.

In making the confidence assessment on progress, please utilise the available metric data via the published sources or the DHSC metric dashboard along with any available proxy data.

https://dhexchange.kahootz.com/Discharge_Dashboard/groupHome

5. Expenditure

This section requires confirmation of an update to actual income received in 2025-26 across each fund, as well as spend to date at Q3. If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

On the 'DFG' row in the 'Source of Funding' table, 'Updated Total Planned Income for 25-26' this should include the total funding from DFG allocations that is available for you to spend on DFG in this financial year 2025-26. 'Q3 Year-to-Date Actual Expenditure' should include total amount that has been spent in Q3, even if the application or approval for the DFG started in a previous quarter or there has been slippage.

The template will automatically pre-populate the planned income in 2025-26 from BCF plans, including additional contributions. Please enter the update amount of income even if it is the same as in the submitted plan.

Please also use this section to provide the aggregate year-to-date spend at Q3. This tab will also display what percentage of planned income this constitutes; [if this is 50% exactly then please provide some context around how accurate this figure is or whether there are limitations.]

Better Care Fund 2025-26 Q3 Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Hammersmith and Fulham	
Completed by:	Sharlene Spence, H&F Programme Manager (LBHF), Chakshu Sharma, NWL Programme	
E-mail:	sharlene.spence@lbhf.gov.uk ; chakshu.sharma@nhs.net	
Contact number:	7341672970, 07877579381	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 18/03/2026	<< Please enter using the format, DD/MM/YYYY

Checklist
Complete:
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2025-26 Q3 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:

Hammersmith and Fulham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist
Complete:

Yes

Yes

Yes

Yes

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Hammersmith and Fulham

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	2,151.3	2,126.9	2,053.8	2,005.0	1,956.2	1,931.8	2,029.4	1,834.2	2,009.9	2,009.9	2,009.9	2,009.9
	Number of Admissions 65+	441	436	421	411	401	396	416	376	412	412	412	412
	Population of 65+	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0	20,499.0

Assessment of whether goal has been met in Q3:

Not on track to meet goal

You may use this box to provide a very brief explanation of overall progress if you wish.

There has been a spike in emergency admissions during winter and due to flu. In order to mitigate this; a number of non BCF initiatives underway which support a shift away from acute, these schemes are not funded via BCF arrangements but have helpful context in respect of emergency admissions metrics:

- NWL is reducing emergency admissions through digital front doors, 111 assessments, and Same Day Emergency Care Services.
- The mobilisation of Integrated Care Coordination hubs and increased UCR capacity is aimed at lowering ambulance conveyances and supporting two-hour response targets.
- The mobilisation of frailty virtual ward will enable home-based interventions, while enhanced community and neuro-navigator support helps prevent unnecessary admissions and supports timely discharges.
- The Pharmacy First scheme is reducing admissions by ensuring appropriate access to care, deescalating care needs, and facilitating timely and efficient discharges.

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	1.05	1.05	1.05	1.05	1.04	1.08	1.21	1.29	0.63	1.04	1.04	1.04
Proportion of adult patients discharged from acute hospitals on their discharge ready date	85.0%	85.0%	85.0%	85.0%	85.0%	84.0%	82.9%	85.5%	87.5%	85.0%	85.0%	85.0%

For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	7.00	7.00	7.00	6.93	6.73	7.07	8.87	5.04	6.93	6.93	6.93
--	------	------	------	------	------	------	------	------	------	------	------	------

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	In LBHF we have an embedded integrated P1 Bridging Service which aims to discharge residents back to their own homes with new or increased care within 12 hours of being discharge ready. This includes a care and separate assessment element. Discharge delays continue to be impacted by more complex residents coming into hospital with multifactorial issues such as greater acuity of need, housing, environmental and self-neglect issues. In Q3 we have experienced a Cyber incident requiring discharge work around between Tri Borough hospitals, and Winter pressures which we forecast may impact on performance, but we expect this position to be improved by some of the mitigation actions in place and for us to meet the target by the end of Q4.

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q3 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	579.0	292.7	146.3	92.7	87.8	87.8
	Number of admissions	116.0	60.0	30.0	19.0	18.0	18.0
	Population of 65+*	20499.0	20499.0	20499.0	20499.0	20499.0	20499.0

Better Care Fund 2025-26 Q3 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Hammersmith and Fulham

Checklist

Complete:

Source of Funding	2025-26		DFG Q3 Year-to-Date Actual Expenditure
	Planned Income	Updated Total Plan Income for 25-26	
DFG	£1,855,793	£1,855,793	£1,070,114
Minimum NHS Contribution	£20,061,025	£20,061,025	
Local Authority Better Care Grant	£12,370,241	£12,370,241	
Additional LA Contribution	£0	£8,397,608	
Additional NHS Contribution	£0	£4,471,198	
Total	£34,287,059	£47,155,865	

- Yes
- Yes
- Yes
- Yes
- Yes

	Original	Updated	% variance
Planned Expenditure	£0	£48,241,925	

Yes

		% of Planned Income
Q3 Year-to-Date Actual Expenditure	£35,073,522	74%

Yes

<p>If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.</p>	<p>YTD : ICB Minimum NHS Contribution and Additional NHS Contributions are to plan, with the exception of community-equipment and PFI over-performance of £1,015,966 and £14,983 forecast outturn respectively, which constitutes a combined over performance (year-to-date based on actuals up to Qtr 3 of £773,211.</p> <p>Outturn : All the Minimum NHS Contribution are to plan except for Community Equipment which has a forecast overspend of £609,580. All the Additional LA Contribution is to plan except for Community Equipment with a forecast overspend of £406,387. There are other small projected overspends of £55,111 to arrive at a total projected overspend of £1,086,459, which is 2.4% of the total combined BCF budget.</p>
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Yes

Report to: Health & Wellbeing Board

Date: 18th March 2026

Subject: Best Start in Life Local Plan

Report author: Philip Tomsett, Head of Family Hubs

Responsible Director: Peter Haylock, Assistant Director Education & SEND

SUMMARY

The Hammersmith & Fulham Best Start in Life Local Plan 2026-2029 sets out our shared vision, priorities and commitments for supporting babies, young children and their families. Co-produced with families and partners, this plan brings together everyone responsible for commissioning and delivering early years and family services across the borough – including local authority services, early education and childcare providers, health partners and the voluntary and community sector.

RECOMMENDATIONS

For the Committee to note and comment on the report.

Wards Affected: All

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	<i>Improving early childhood development and supporting families. Helping children from all backgrounds have better opportunities for health and education.</i>
Creating a compassionate council	<i>Prioritising early support for children and families, ensuring services are responsive, inclusive and focused on improving wellbeing from the earliest stages of life.</i>
Doing things with local residents, not to them	<i>Co-produced with flexible and inclusive approach to engagement, reflecting the diversity of our borough to ensure that this plan is informed and shaped by residents</i>

Being ruthlessly financially efficient	<i>Investing in early intervention and prevention, reducing the need for more costly health and education and social care services later in life.</i>
Taking pride in H&F	<i>Investing in the wellbeing and development of the youngest residents, helping families feel supported and increasing confidence in local community and services.</i>
Rising to the challenge of the climate and ecological emergency	<i>Aligns closely with services and organisations that share these values.</i>

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Introduction

The Hammersmith & Fulham Best Start in Life Local Plan 2026-2029 sets out our shared vision, priorities and commitments for supporting babies, young children and their families. Co-produced with families and partners, this plan brings together everyone responsible for commissioning and delivering early years and family services across the borough – including local authority services, early education and childcare providers, health partners and the voluntary and community sector.

The plan promotes a fully integrated approach across health, education, children’s social care, and community services. It focuses on early identification, prevention and timely intervention, with a particular emphasis on families facing disadvantage. Early support leads to better outcomes for children and reduces demand on specialist services.

The Best Start in Life Plan will sit alongside our Early Intervention, SEND, Family Help and Early Years strategies. It aligns with the government’s 10 Year Health Plan (July 2025), which places Best Start in Life and Neighbourhood Health at the heart of the national policy. Healthy child development and positive educational outcomes are closely linked - children who are healthy learn better, and children who achieve well in education go on to live healthier lives.

Our shared vision

Every baby, young child and family in Hammersmith & Fulham is happy, healthy and able to thrive - supported by a strong, connected and responsive community network.

Shared principles

Underpinning our vision is a set of jointly agreed principles. We want Hammersmith & Fulham to be a place where all young children and their families:

- Feel welcomed, included and valued.
- Have a voice, be listened to, and be equal partners in designing services.
- Have their needs identified early and accurately, with effective support put in place quickly.
- Experience joined-up services delivered by a skilled and confident workforce.
- Access high-quality, local services that meet their needs.
- Receive the right information at the right time.

Co-production

Co-production is central to how we design and deliver services. It shapes culture, strengthens trust, and improves outcomes.

To develop this plan, we have used a flexible and inclusive approach to engagement, reflecting the diversity of our borough to ensure that this plan is informed and shaped by residents. We worked with families and partners through:

- Building Communities for Happy Healthy Children co-produced events
- Family Voices (Best Start Family Hubs parent/carer panel)
- Youth Voice (Youth Council/Voice activities and events)
- Feedback loops including surveys, Menti-meter polling, WhatsApp groups, community listening events
- Community partners including Family Champions, schools, early years settings, libraries, community health settings, faith groups, baby and foodbanks
- Best Start Family Hub Partnership (Family Engagement, Youth Voice, Local Offer for SEND, Family Information Services, Digital Communications)

Hammersmith & Fulham: Local Context

- Children aged 0 to 4 represent **5%** of the borough's 2024 population (188,687) according to the Office for National Statistics Mid Year Population Estimates
- Over **60%** of residents are from ethnicities other than white British, and **45%** born outside the UK, this is compared to 13% nationally
- **3,330** children live in absolute low-income households in 2023/24 (**11.7%**, below London's 15.1% and national 18.7%)
- **20%** of neighbourhoods are among the most deprived 20% in England for income deprivation affecting children, particularly Wormholt, College Park and Old Oak
- The overall percentage of children achieving a Good Level of Development (GLD) is **71.5%**, with lower outcomes in 'Speaking' Early Learning Goals (ELGs)
- Children with EHC Plans, boys and children with English as their first language achieve less well than their peers
- Health Visitor New Birth Visits (NBV) within 14 days: **91.6%** (national: 85.2%)
- 2 to 2½ year reviews completed: **71%** (national 80.8%)

Best Start Family Hub Model

Best Start Family Hubs are central to this plan. They provide a welcoming, inclusive one-stop access to support families with children aged 0–19 (25 for SEND). The model brings together universal and targeted services, ensuring seamless pathways into more specialist support where needed.

Since 2023, H&F has developed an extensive network of family hub and satellite spaces. Co-located professionals share information and work together, so families experience a consistent offer wherever they access services. The hubs also connect families to wider community resources, from baby banks and foodbanks to parenting programmes, youth services and cost of living support.

Key priorities:

We have identified the following key priorities:

- Seamless service integration: strengthen multi-agency integration across education, health and community services
- Healthier children: strengthen the offer and delivery of health services in early childhood
- High-quality Early Education and Childcare: ensure the provision of more accessible high-quality provision
- Giving every Reception Child the Right Start by improving early identification of needs, transition arrangements and targeted support

Priority 1: Seamless Service Integration strengthen multi-agency integration across education, health and community services.

What we will do:

- Establish a strong Early Years Partnership to identify local needs, gaps and improvement opportunities
- Expand the core service offer delivered through Family Hubs and partner venues, including outreach in priority areas
- Build an integrated frontline workforce with shared approaches and multi-professional practice
- Strengthen digital and data maturity to improve understanding of need and tailoring of support
- Deliver targeted, evidence-based parenting and Home Learning Environment (HLE) support
- Publish clear, accessible pathways for families to navigate

How will we know we are making progress:

- An Early Years Partnership actively informs system improvements
- The Family Hub offer meets and exceeds national standards
- Staff report increased confidence and early years system awareness
- Families receive personalised support through dedicated Family Hub navigators
- Parenting and Home Learning Environment programmes are delivered consistently, with clear impact measures
- Referral pathways are visible and easy to access via the Local Offer for SEND and Family Hub websites

Priority 2 – Healthier children: strengthen the offer and delivery of health services in early childhood

What we plan to do:

- Improve maternity and newborn care through better use of data and integrated support
- Reduce smoking in pregnancy through targeted interventions and pre-pregnancy pathway for smoking and vaping
- Strengthen collaboration between midwifery, health visiting and early years services
- Expand access to infant feeding and breastfeeding support
- Improve Health Visiting services, including weekend clinics
- Enhance digital access for families to book appointments and access health information
- Increase vaccination uptake through targeted outreach and community clinics
- Support healthy eating through campaigns, nutrition programmes and school-based initiatives
- Reduce tooth decay through supervised toothbrushing in priority areas and improved access to dentists

How will we know we are making progress:

- Breastfeeding rates increase and families will have equitable access support
- Midwifery and early years services provide more integrated and family-centred care
- Smoking in pregnancy falls, with improved birth outcomes
- Uptake of mandated Health Visiting contacts increases
- Improved workforce resilience and retention in Health Visiting
- Immunisation coverage rises and families will feel confident in vaccinations
- Children make healthier food choices; more schools achieve Healthy Schools Awards
- Fewer hospital admission for tooth decay and improved access to dental care

Priority 3 - High-quality Early Education and Childcare: ensure the provision of more accessible high-quality provision

What we plan to do:

- Strengthen early identification of need through the Early Years Service
- Promote childcare entitlements and target outreach to eligible families not currently taking up their offer
- Work with the entire early years sector to increase uptake of entitlements
- Support providers with continuous quality improvement
- Build leadership, training and peer learning opportunities across the sector -learning opportunities across the sector
- Enhance the Early Years Inclusion offer, with greater access to training and specialist support

How will we know we are making progress:

- Increased choice of good and outstanding early years provision for families
- Eligible families receive proactive support to access childcare
- Uptake of childcare entitlements increases year on year
- Providers have strong quality improvement plans and improved curriculum practice
- Providers strengthen inclusive practice with access to a wider range of support

Priority 4: Giving every Reception Child the Right Start by improving early identification of needs, transition arrangements and targeted support

What we plan to do:

- Support all schools to use a consistent framework for assessing children's starting points in communication & language and personal, social and emotional development
- Embed a borough-wide communication and language approach in target schools
- Provide training and moderation to ensure consistent and accurate Early Years Foundation Stage assessment.
- Offer clear guidance to early years providers on expectations for Good Level of Development (GLD)
- Deliver universal and targeted quality improvement support to early years staff and leaders

How will we know we are making progress:

- All target schools use a validated assessment framework
- All target schools will use a consistent communication and language approach that is embedded and monitored
- A training and moderation programme is widely accessed, with targeted support for schools with higher needs
- GLD increases year on year towards borough and national targets

Measuring success

Progress will be reviewed annually and aligned with the national Best Start Family Hubs Framework and Best Start in Life Outcomes Framework.

Baseline data sources include:

- H&F Early Years Needs Assessment
- Family Hub audit
- Stakeholder feedback and co-production
- Local datasets
- Benchmarking (regional and national)

Key success measures will include:

As part of this three-year plan, we will measure the performance against each of the priorities.

We will use a national Best Start Family Hubs Framework and Best Start in Life Outcomes Framework to measure our progress. We will also be using a range of information including audit, data and stakeholder feedback to tell us how well we are performing, what's working well and where we need to act to achieve change.

We will use our baseline data which is made up of information from:

- Our local area Early Years Needs Assessment
- Our Best Start Family Hubs audit
- Stakeholder feedback and co-production activities
- Relevant H&F datasets and regional and national benchmarking to build on our existing datasets and develop a set of agreed success measures for our H&F Best Start in Life Outcomes Measures

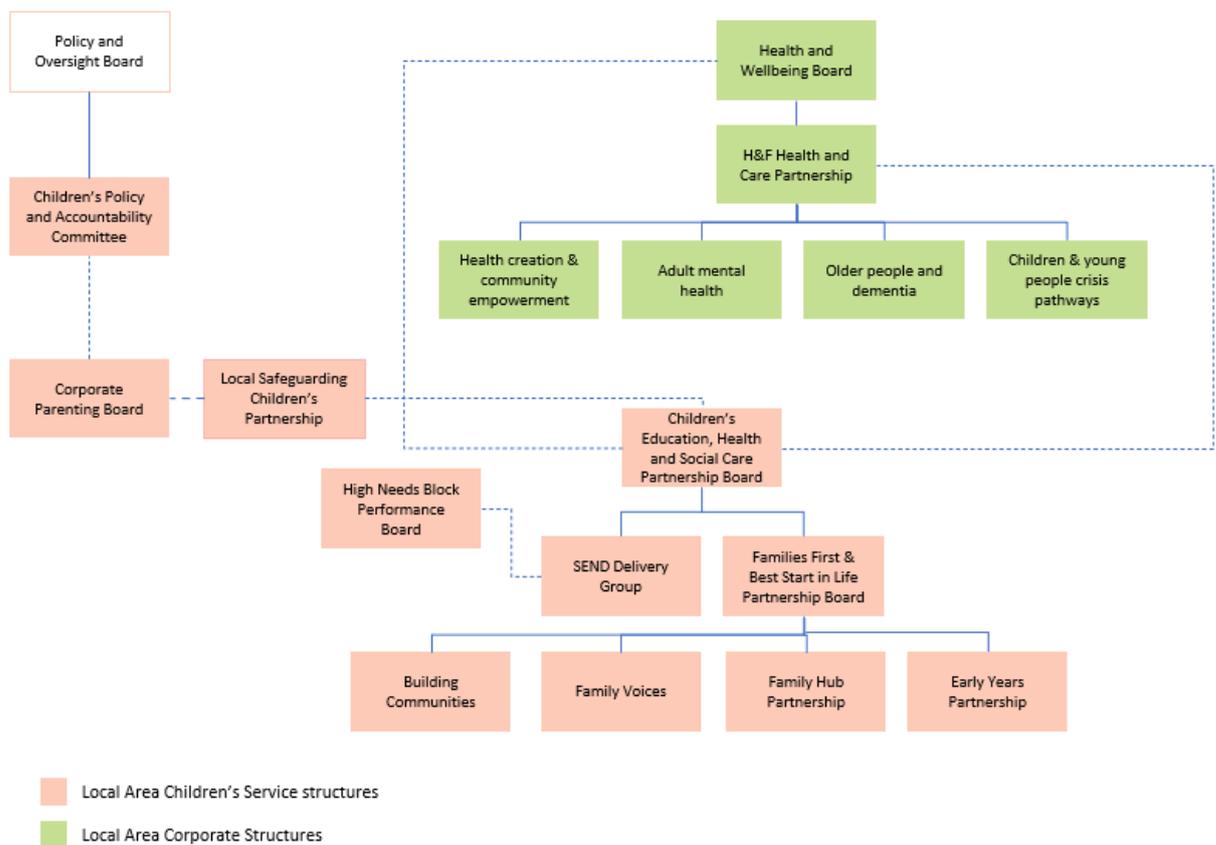
These will include the following:

- Increase GLD from 71.5% (2024/25) to 75% (2026/27) and 79.4% (2027/28).
- Narrow the GLD gap for children receiving Free School Meals meeting the target of 66.1%
- Increase 'Early Learning for 2s' entitlement take up-year-old entitlement take-up
- Increase engagement of targeted 3–4-year-olds in Evidence Based Interventions (EBI) parenting/HLE programmes to 40% by March 2027-year-olds in EBI parenting/HLE programmes to
- Improve early language outcomes in target schools
- Increase completion of 2–2.5-year Health Visitor reviews-year Health Visitor reviews
- Improve SEND navigation through dedicated specialists and clearer pathways

Governance

The Children’s Education, Health, and Social Care Partnership Board includes all local area partners involved in working with children. It is co-chaired by the Executive Director for People for the Council and the Borough Director for H&F in the NHS North-West London Integrated Care Board. The Board holds the local area to account on the progress of actions and priorities in this strategy. Following creation of the Children’s Education, Health and Social Care Partnership Board, the Families First & Best Start in Life Board will provide oversight of this local plan and subsequent programmes of work.

Governance structure



Appendices

Appendix A - Key implementation timeline and milestones

□

Milestone	Date	Notes
Coproduction events with families and partners	Jun 2025-Feb 2026	Big conversations and partner events undertaken
Hub readiness	Jan 2026	Readiness confirmed
Governance confirmed; Programme mobilisation	Feb-Mar 2026	Leadership and Cabinet Boards approved
Best Start in Life Local Plan published on website	Mar 2026	As required by DfE guidance
Workforce training & EBI readiness	Mar– June2026	Facilitator accreditation complete
EBI delivery start (parenting & HLE for 3–4s)	Jun 2026	As required by DfE guidance
Comms campaign launch (phase 1)	Apr 2026	Branding per BSFH guidance
First outcomes dashboard 'live'	Jul 2026	Quarterly updates thereafter
Annual Plan Review & SOGU submission	Apr 2026 & Mar each year	Per S31 requirements
Expansion to additional satellite hubs and partner venues	Sept 2026	Subject to capital/services funding
Mid-term evaluation & adjustments	Apr–Jun 2027	Align with GLD trajectory
Final year optimisation	2027/28	Sustain/scale effective models

Appendix B – Best Start Services Action Plan

Best Start Priority	Lead Department	Area of focus	KPI/Outcome
Healthier children: strengthening health services in early childhood	Public Health	Improved Maternity and Newborn Care	Exclusive breastfeeding at 6-8 weeks > 65%
			At least 3 formalised service link agreements or joint programmes by March 2027
			Reduce maternal smoking at birth <2% 60% pregnant smokers receive quit smoking support
			Needs assessment undertaken Service integration based on data intelligence
		Strengthened Health Visiting Services	Weekend clinics available Increased uptake of mandated contacts Reduction in DNAs Improved family experience Improved equity of access Increase uptake of 2-2.5 year reviews
			Improved user experience Increased uptake of 2-2.5 year reviews >75%

			Improved staff retention Improved workforce resilience Reduce staff turnover by 15%
		Improving Access and Confidence in Vaccination	Increased immunisation coverage and confidence MMR >70% Petussis in pregnancy >68%
			Higher immunisation coverage and confidence
			Increase in immunisations
			Increase in immunisations
		Supporting Healthy Eating	500 families/year reached Improved diet
			Reduced obesity risk
			Reduced obesity risk
			Increased uptake of HENRY programme Improved diet
		Tackling Tooth Decay	STB coverage 100% in IMD1–2 Reduced hospital admissions for tooth decay

			KPI ~ Increased referral rate and Children getting dental care. Supporting CYP in Core20PLUS5 get access to NHS Dentists.
Leading local change: making services work better for families	Family Hubs	Further integrated services within family hubs	H&F Family Hubs offer at least minimum national standard of service delivery Service area pathways published for core services Family Hub services delivered from partner sites (e.g. schools, libraries)
			EY Partnership group established, to advocate for families and partners within the wider early years system
			Six EBI parenting/HLE programmes delivered within family hub network

			Pathways published on Family Hub website
		Family hub workforce and leadership	Family Hub parenting offer implemented with improved uptake Shared implementation with key partners (Family Help, SALT and Libraries) Pathways to targeted support published
			Review of Family Hub MDTs undertaken and recommendations implemented
		Smarter use of data for monitoring progress towards shared outcomes	Local Needs Assessment undertaken, enable data to be shared with key partners
			Dashboard evidences a reduction in variation in performance between different groups.
			Dashboard evidences a reduction in variation in performance between different groups and move towards overall target

			Data is used regularly as part of monitoring and evaluation by all teams.
		Keeping children safe within the wider early years system	BSiL programme aligned to Families, First reforms with aligned governance. Family Help pathways published within Family Hub website
		Programme Communication	Positive feedback captured and used to inform BSiL Local Plan
			Positive feedback captured and used to inform BSiL Local Plan
More accessible early education and childcare	Early Years	Inclusion of children with SEND within early years settings	Termly SEND sessions held and aligned with the new Inclusion Outreach. Data will reflect impact of inreach and outreach.
		Availability of early education and childcare places	Sufficiency report published in March 26.

		Improving support for low-income families	Percentage increase in take up of Early Learning 2 year olds
		Improving support for childminders	10% increase in engagement of CM in sessions . In person session to be held in May
A stronger early education and childcare system	Early Years	Improving the quality of early years provision	Introduce the new 4 year cycle of Inspection , clear identification and action of those in this new cycle
		Maintaining sector stability	Termly Census introduced from April 26, sector supported to provide regular data input to determine more accuracy of payments. Percentage of errors reduced to 2%
Improving quality in early years	Early Years	Improving early years workforce conditions and career pathways	Engage with Economy to promote EY careers and secondary schools
		Supporting more early years workforce to boost qualifications	PVI have increased awareness of pathways to training
		Develop early years leadership opportunities	Outreach programme commissioned and monitored to ensure it delivers the outcomes in the framework
Embedding high-quality inclusive practice to enable every child to thrive	Early Years	Making inclusive practice standard	Clusters introduced and running started January 26

		Boosting early maths and language skills	Training programme in place
		Expanding early years stronger practice hubs	Commissioned outreach in place across the borough
		New school-nursery partnerships	Meetings to take place termly.
Giving every reception child the right start	School Effectiveness	Extending early language support	Clear framework in place to assess starting points.
			80% of schools to take up the programme
			Increased uptake of training through the learning partnership.
		Clearer, more consistent assessment	Increased uptake of training through the learning partnership.
			Implementation of relevant support model for settings
		Supporting school leaders to focus on early years	Increase the uptake of EYFS focused reviews.
			Target 75% of schools to attend termly network meetings.
			Focused improvement for each schools towards a relevant school based target

<p>Stronger Families: Enhancing family help and safeguarding support for children through streamlined, relational based services</p>	<p>CYPS</p>	<p>Early help and intervention</p>	<p>Reduction in repeat referrals for families with children aged 0–5.</p>
			<p>Increased uptake of parenting programmes and positive feedback from families.</p>
			<p>Improved timeliness of assessments and care planning for children under five</p>
			<p>Higher engagement in FGDM processes for families with young children, leading to stronger family-based care plans</p>
			<p>Positive feedback from professionals and families on integrated working within hubs</p>

Appendix C – Local Needs Data

Population

Data Source. [Population estimates for England and Wales - Office for National Statistics](#)

Area	All Ages	Age 0 - 4	% 0-4 Years
England	58,620,101	3,072,243	5.2%
London	9,089,736	527,257	5.8%
Hammersmith and Fulham	188,687	9,413	5.0%

Health Visitor Metrics

Data Source. [Health visitor service delivery: data for 2024 to 2025 - GOV.UK](#)

Area	Annual New Birth Visits within 14 days (percentage)	Annual 2 to 2½ year reviews (percentage)
England	85.2%	80.8%
London	87.4%	68.4%
Hammersmith and Fulham	91.6%	-

Immunisation Statistics

Data Source. [Cover of vaccination evaluated rapidly \(COVER\) programme: annual reports - GOV.UK](#)

Immunisations at 12 months

Local authority	Number aged 12 months	Coverage at 12 months DTaP/IPV/Hib/HepB (%)	Coverage at 12 months PCV1 (%)	Coverage at 12 months rota (%)	Coverage at 12 months MenB (%)
England	573740	91.3	93.1	88.8	91
London	103581	86.3	88	83.9	85.5
Hammersmith and Fulham	2180	80.8	84.4	79.3	81.2

Immunisations at 24 months

Local authority	Number aged 24 months	Coverage at 24 months DTaP/IPV/Hib/HepB Prim (%)	Coverage at 24 months MMR1 (%)	Coverage at 24 months Hib/MenC booster (%)	Coverage at 24 months PCV booster (%)	Coverage at 24 months MenB booster (%)
England	591,605	92.5	88.9	88.6	88	87.3
London	104473	87.1	80.8	80.2	79.2	78.5
Hammersmith and Fulham	2127	81.9	74.9	74.2	73.2	69.1

Immunisation Statistics

Data Source. [Cover of vaccination evaluated rapidly \(COVER\) programme: annual reports - GOV.UK](#)

Immunisations at 5 years

Local authority	Number aged 5 years	Coverage at 5 years DTaP/IPV/Hib/HepB Prim (%)	Coverage at 5 years MMR1 (%)	Coverage at 5 years dTaP/IPV booster (%)	Coverage at 5 years Hib/MenC booster (%)	Coverage at 5 years MMR2 (%)
England	657,098	92.8	91.8	81.3	88.9	83.7
London	114,029	86.5	84.4	63.8	80.0	69.6
Hammersmith and Fulham	2,020	80.8	80.1	48.6	76.1	59.2

Children in Low income Families

Data Source. [Children in low income families: local area statistics 2014 to 2024 - GOV.UK](#)

Area	Number of children FYE 2024	Percentage of children FYE 2024
United Kingdom	2336254	18.7%
London	255694	15.1%
Hammersmith and Fulham	3330	11.7%

Early Years Foundation Stage Profile

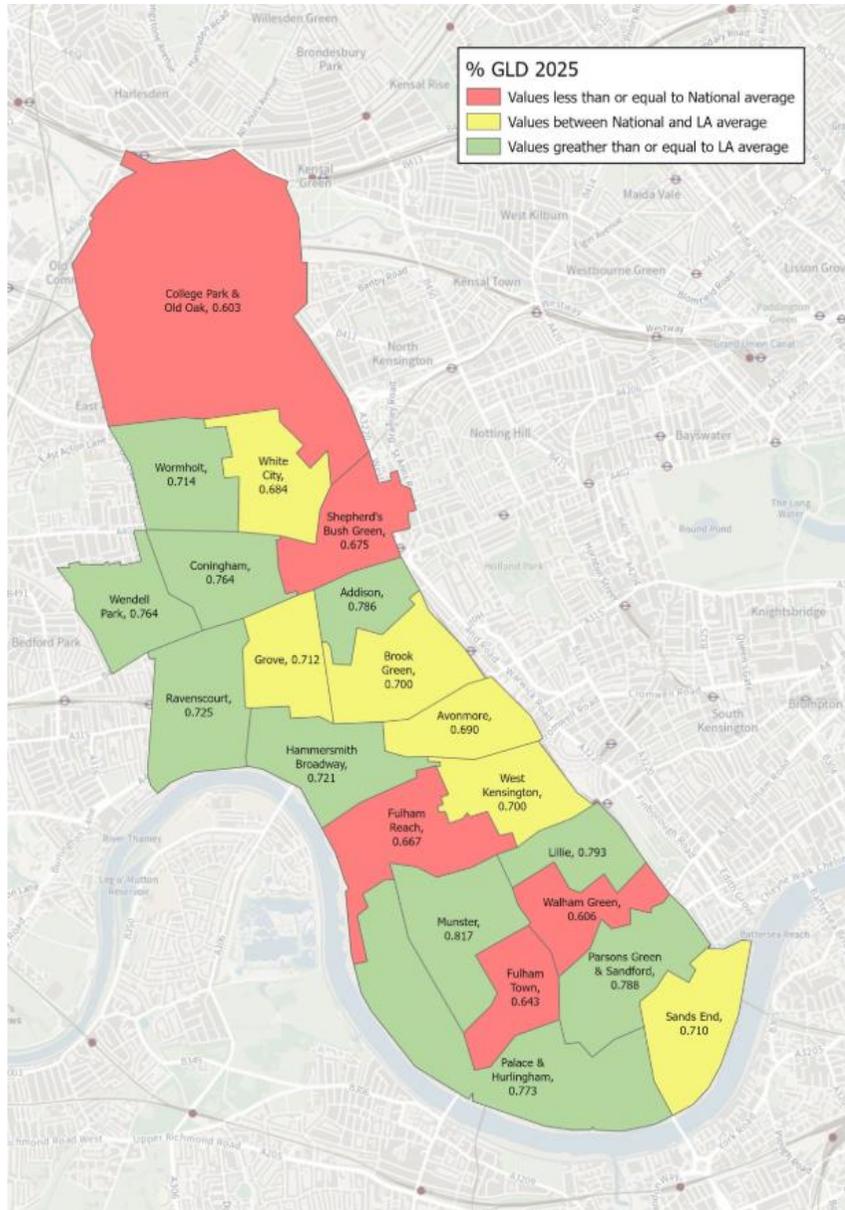
% of children assessed to be making a good level of development

Data Source. [Early years foundation stage profile results: 2024 to 2025 - GOV.UK](#)

Area	% Achieving a GLD	
	2024/25	2023/24
England	68.3	67.7
London	70.7	70.0
Hammersmith and Fulham	71.5	70.4

Ward Level % of children assessed to be making a good level of development
 Data Source. Local Intelligence

Ward	% GLD 2025	% GLD 2024
Addison	78.6%	74.5%
Avonmore	69.0%	57.9%
Brook Green	70.0%	78.0%
College Park & Old Oak	60.3%	65.9%
Coningham	76.4%	77.1%
Fulham Reach	66.7%	68.2%
Fulham Town	64.3%	66.7%
Grove	71.2%	83.6%
Hammersmith Broadway	72.1%	62.5%
Lillie	79.3%	70.0%
Munster	81.7%	77.6%
Palace & Hurlingham	77.3%	67.7%
Parsons Green & Sandford	78.8%	74.4%
Ravenscourt	72.5%	77.8%
Sands End	71.0%	62.8%
Shepherd's Bush Green	67.5%	59.3%
Walham Green	60.6%	55.3%
Wendell Park	76.4%	72.5%
West Kensington	70.0%	54.8%
White City	68.4%	67.3%
Wormholt	71.4%	72.5%
Total	71.4%	69.5%



Appendix D – Service Directory

You can get information, advice or support with the following:

Activities for babies and children	Infant feeding support	Parenting support
Domestic abuse support	Intensive targeted family support services	Reducing parental conflict
Early language and the home learning environment	Public Health services	SEN and disability support
Debt and welfare support	Mental health services	Stop smoking support
Health visiting	Midwifery and maternity	Substance (alcohol/drug) misuse support
Housing advice and support	Nutrition and weight management	Support for separating and separated parents
Youth services - universal and targeted	Parent-infant relationships and perinatal mental health support	Oral health improvement

You can access all the above services and more information here: [The Family Hub | London Borough of Hammersmith & Fulham](#)

Appendix E – Evaluation Framework

Please refer to separate H&F Best Start in Life Outcome Measures document

Report to: Health and Wellbeing Board

Date: 18th March 2026

Subject: Memorandum of Understanding (MoU)

Report author: Sara Ross, Assistant Director, Adult Social Care

Responsible Director: John Morley, Director of Adults Services (DASS).

SUMMARY

This report presents the Memorandum of Understanding (MoU) between West London NHS Trust (WLT) and the London Borough of Hammersmith & Fulham (LBHF). The MoU outlines joint working arrangements across integrated mental health services including hospital discharge, community pathways, forensic services, and Section 117 aftercare.

RECOMMENDATIONS

The Board is recommended to:
Agree and sign off the Memorandum of Understanding to establish close working relationships and provide improved outcomes for residents in Hammersmith and Fulham with mental illness.

Wards Affected: All

Our Values	The H&F Corporate Plan highlights core values reflected in the MoU and Working Together approach. Key points include compassion and inclusion, ensuring no resident is overlooked.
Building shared prosperity	The MoU encourages mental health inequalities in underserved areas, supporting community wellbeing, enabling local economic growth and facilitating collaboration among professionals.
Creating a compassionate and inclusive council	A compassionate and inclusive council seeks to meet the diverse needs of its community, focusing on those underserved. It should engage inclusively, address health

	inequalities, maintain transparency and accountability, and commit to continuous improvement through closer working relationships with health partners.
Doing things with residents, not to them	A core principle in developing this MoU is to engage meaningfully with residents, working with communities to meet their actual needs. Working more closely with health partners enhances meaningful engagement with residents and removing the need for multiple telling of their stories.
Being ruthlessly financially efficient	The MoU will promote financial efficiency by reducing duplication of operational work, ensuring appropriate funding streams and effectively sharing the workload.
Taking pride in H&F	The MoU encourages using community assets and staffing resources to provide community based, person centred care in the mental health space, leading to pride in our integrated services and allowing for a whole community approach.

Background Papers Used in Preparing This Report

DETAILED ANALYSIS

BACKGROUND

WLT and LBHF have a long-standing history of collaboration in delivering mental health services. The previous integrated working Section 75 (National Health Service Act, 2006) ceased in 2018, and this MoU has been designed to fill that gap. The Health and Care Act 2022, Integrated Care Systems (ICSs), and the Northwest London Integrated Care Board (ICB) provide the current strategic context. The MoU brings together responsibilities, expectations, and joint working arrangements across key pathways.

Roles and Responsibilities

WLT leads on clinical assessment, diagnosis, inpatient care and early discharge planning. LBHF leads on Care Act assessments, social care planning, safeguarding, and post-discharge reviews. Joint responsibilities include Section 117 planning, maintaining a shared aftercare register, dispute resolution, and shared governance.

Governance and Oversight

The Hammersmith & Fulham Mental Health Steering Group provides strategic oversight. The Operational Leadership Group oversees day-to-day delivery, escalation, and performance monitoring.

Monitoring and Evaluation

Performance indicators include timeliness of discharge, reduced delayed transfers of care, reduction in out-of-borough placements, Section 117 compliance, readmission rates, and user feedback. These measures will be monitored monthly and reported into governance structures.

Financial Implications

The MoU itself creates no new financial obligations. Any pooled budgets or financial commitments must be agreed separately through appropriate commissioning and governance routes.

Risks and Mitigations

Risks include potential Section 117 disputes, information-sharing issues, inconsistent practice across teams, and pressures on supported accommodation. Mitigations include clear governance, shared records, improved joint processes, and strengthened accountability.

Benefits to Hammersmith & Fulham residents from adopting the memorandum of understanding (MOU) and the '*Working Together Framework*'.

- 1. Faster, smoother access to the right support:**
Residents experience quicker access to assessments, treatment, crisis support, and community services through improved pathways and reduced delays.
- 2. Shorter and safer hospital stays:**
Focused efforts to reduce length of stay, reduce delays once clinically ready for discharge, and prevent readmissions result in safer, timelier discharge and better recovery.
- 3. More joined-up assessments and decision-making:**
Clear responsibilities across Care Act, Mental Capacity Act, Section 117, and safeguarding mean fewer repeated assessments and quicker decisions.
- 4. A more personalised, prevention-focused approach:**
Strengths-based practice, rehabilitation, improved carer support, and early intervention help residents stay well and maintain independence.
- 5. Clearer responsibilities = fewer gaps in care:**
Clarified roles reduce hand-offs, service gaps, and delays, creating a seamless and accountable experience.

6. **Better planning for complex cases:**

Stronger multidisciplinary work and better coordination in hospital, forensic, community, and onward-journey pathways improve safety and long-term outcomes.

7. **Greater transparency and accountability:**

Governance, oversight, and annual reporting ensure continuous improvement and accountability to residents.

8. **Better use of data to improve services:**

Improved use of metrics such as length of stay, readmissions, caseloads, and MHA activity ensures services evolve based on real local need.

The MoU strengthens integration, improves statutory compliance, and supports more effective mental health pathways for residents of Hammersmith & Fulham.

Options Considered

1. Health and Wellbeing Board to adopt the Memorandum of Understanding (MoU) between West London NHS Trust and Hammersmith and Fulham Council.
2. Health and Wellbeing Board choose not to adopt the Memorandum of Understanding (MoU) between West London NHS Trust and Hammersmith and Fulham Council.

Report to: Hammersmith and Fulham Health and Wellbeing Board

Date: 18th March 2026

Subject: H&F Immunisation and Vaccination Improvement Plan

Report author: Dean Linzey, Senior Lead HPT / Dr Mayada Abu Affan

Responsible Director: Mayada Abuaffan, DPH

Executive Director: Jacqui McShannon, Executive Director People's Services and DCS

Summary

This report provides a summary of the multifaceted, system-wide action plan put in place to improve vaccination uptake across all age groups to reach herd immunity and reduce the risk of vaccine preventable infections in Hammersmith and Fulham Borough. The report also includes the work that has taken place to date to improve immunisation and vaccination uptake in the borough's population.

Vaccination uptake in Hammersmith & Fulham remains below both the London and England averages across most programmes and age groups. Coverage for key childhood immunisations remains below the 95% threshold required for herd protection. While some local improvements have been achieved, particularly through targeted initiatives, overall uptake remains a health protection risk.

Data interpretation is currently limited by reporting lag (typically 3–6 months) and inconsistent data flows across multiple provider systems. This restricts our ability to consistently identify ward-level and ethnicity and culturally specific low uptake cohorts. Work is underway with the BI team and ICS partners to develop a bespoke WSIC dashboard to improve data quality, timeliness and targeting of interventions.

RECOMMENDATIONS

For the Board to:

1. Support the system-wide, multi-faceted improvement plan.
2. Support effective system partnership to implement this plan with NHSE, Vaccination UK, primary care, secondary care, social care, schools, care homes and the VCSE sector.
3. Champion vaccination within services and communities to improve uptake and reduce inequalities.

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4. Note that vaccination uptake in H&F remains below London and England averages and below herd protection thresholds for key programmes.
5. Note the current data limitations and the work underway to improve intelligence through a WSIC dashboard.

Wards Affected: ALL

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	Vaccination is the most significant tool we have to prevent disease, morbidity and premature mortality. A strong working community has the potential to be a prosperous community.
Creating a compassionate council	Our rich diversity recognises that we have residents with varied and not always good experiences of health campaigns, we must be cognisant of this in our approach to promoting vaccination.
Doing things with residents, not to them	The H&F Immunisation plan has been developed in collaboration with LA colleagues, local stakeholders and residents to ensure our approach is respectful and our expectations are realistic.
Being ruthlessly financially efficient	Increased morbidity due to the presence of Vaccine Preventable Disease impacts work, education and health resources, this plan aims to improve vaccine uptake reducing health burden and the unique training component has already become a source of income for the LA.
Taking pride in H&F	This plan is enriched by the collaboration and buy-in from our local communities, this plan and our training is a collaborative programme which has already seen the Health Protection Team present the achievements of H&F on the international conference stage in Madrid 2025.
Rising to the challenge of the climate and ecological emergency	A key component of our plan is to help participants navigate social media postings and to use fundamental research skills (that is all participants regardless of educational attainment) to be able to challenge misinformation, now more than ever these skills are

	needed to meet the demands of our contemporary ecological emergency.
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Hammersmith and Fulham System Wide, Multi-faceted Vaccination Improvement Plan

1. Vision:

1.1 A united, innovative H&F system that removes barriers, builds trust, and achieves 95% vaccination coverage to protect every resident across the life course.

2. Objectives 2026-2028:

- Adopt innovative, ambitious, courageous approaches in raising vaccination uptake rates to the level which will ensure herd immunity (95%).
- Strengthen vaccine system leadership and assurance.
- Develop a clear understanding of vaccine uptake in our community and identify hot spot areas for low uptake.
- Improve data quality, measure real-time uptake and strengthen vaccine governance arrangement across the system.
- Undertake in-depth meaningful community engagement to understand barriers and levers for improving vaccine uptake.

3. Structure of the vaccination delivery at H&F

3.1 We have a robust and extensive structure to provide vaccination to all ages and individuals in our communities. This includes provision from Primary Care, Roving Team, Vaccination UK and Maternity services. While this structure can provide complete cover for the community it does not mean that all the community will take up vaccination opportunities. For description of the UK vaccination programme please refer to appendix 1.

4. Challenges facing vaccination uptake in H&F

4.1 Vaccination uptake in Hammersmith & Fulham remains below the 95% target required for herd immunity. There is also a persistent inequality gap in uptake among underserved communities, driven in part by widespread misinformation and a lack of confidence in vaccines across different groups.

4.2 Access challenges, including difficulties in reaching vaccine providers, further contribute to lower uptake. Furthermore, inconsistent data flows across multiple provider systems, and fragmented reporting processes—reduce the ability to identify specific low-uptake cohorts at the ward or ethnicity level. To address these issues, a bespoke WSIC childhood immunisation dashboard is currently in development to improve data accuracy and support targeted interventions.

5. H&F Immunisation Plan

Objective 1 – Strengthen System Leadership and Assurance		
Aim: Provide clear governance, accountability, system challenge and local coordination.		
Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Immunisation oversight group has been established to oversee the implementation of the vaccination plan • Implement borough immunisation assurance framework (aligned to UKHSA HPAF) • Hold monthly system performance reviews with NHSE, VAC UK and primary care • Introduce RAG-rated performance dashboard 	<ul style="list-style-type: none"> • Agreed governance structure • Quarterly assurance reports to HWBB • Documented escalation pathway • Immunisation oversight group to oversee the implementation of the plan 	<ul style="list-style-type: none"> • Improved system grip and accountability • Faster response to declining uptake or outbreaks

Objective 2 – Increase Vaccine Uptake Across All Age Groups		
Aim: Improve coverage in childhood, adolescents, adults, and at-risk groups.		
Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Targeted call-recall support for GP practices • School-based vaccination promotion (MMR catch up, HPV, flu and full school vaccination regime) • Care home and housebound vaccination optimisation • Flu and COVID seasonal delivery planning 	<ul style="list-style-type: none"> • Uptake improvement plans by cohort • Increased access points and outreach sessions 	<ul style="list-style-type: none"> • Year-on-year increase in COVER indicators • Reduced outbreak risk

Objective 3 – Reduce Vaccination Inequalities		
Aim: Close uptake gaps in underserved and high-risk populations.		

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Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Use WSIC/CHIS to identify low-uptake wards and communities • Targeted outreach for: <ul style="list-style-type: none"> ○ Ethnic minority communities ○ Deprived wards ○ Migrant and homeless populations • Partnership with VCSE and community leaders 	<ul style="list-style-type: none"> • Inequalities heat map • Targeted micro-plans by population group 	<ul style="list-style-type: none"> • Reduced variation between highest and lowest uptake area • Equitable improved performance in vaccine uptake

Objective 4 – Build Confidence and Reduce Vaccine Hesitancy

Aim: Increase informed decision-making through trusted conversations.

Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Continue H&F Vaccine Conversation Training to frontline staff/volunteers/community representatives • Embed training in care homes, children’s services, housing, and VCSE • Develop community vaccine champions • Provide myth-busting communication resources 	<ul style="list-style-type: none"> • Number of staff trained • Broad base of Trusted Vaccine advocates • Community champion network established 	<ul style="list-style-type: none"> • Increased vaccine confidence in all communities • Improved uptake in previously hesitant groups

Objective 5 – Ensure Seasonal Readiness

Aim: Deliver safe, coordinated seasonal vaccination programmes.

Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Annual borough winter and flu vaccination plan • Continued program of information provision to recognise all seasonal, social and religious events • Staff vaccination promotion (LA, care homes, Schools, VCSE) • Pharmacy and primary care capacity planning and support • Pregnant women continuous RSV, flu 	<ul style="list-style-type: none"> • Seasonal delivery plan • Workforce vaccination scheme • Coordinated Boroughwide response 	<ul style="list-style-type: none"> • Higher flu and COVID uptake • Reduced winter system pressure • Reduced Borough vulnerability to outbreaks

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and pertussis promotion		
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Objective 6 – Improve Data Quality and Identification of Hotspots

Aim: Enable timely, accurate intelligence for targeted action.

Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Develop WSIC 0–5 immunisation dashboard • Data-sharing agreements with partners • Monthly data quality review with NHSE/CHIS/BI Team • Practice-level performance reporting 	<ul style="list-style-type: none"> • Real-time uptake dashboard • Hotspot identification reports • Early risk alert 	<ul style="list-style-type: none"> • Data-driven targeting of interventions • Improved reporting accuracy • Improved monitoring of performance

Objective 7 – Conduct In-Depth Community Engagement

Aim: Understand barriers, confounders and co-produce solutions.

Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Community insight work in low-uptake areas • Focus groups and listening events • Collaboration with faith groups and local leaders • Behavioural insights approach 	<ul style="list-style-type: none"> • Community insight report • Co-produced intervention plans 	<ul style="list-style-type: none"> • Services aligned to community needs • Increased trust and access

Objective 8 – Adopt Innovative Interventions

Aim: Remove access barriers and improve convenience.

Key Actions	Outputs	Outcomes
<ul style="list-style-type: none"> • Pop-up and outreach vaccination clinics • Proactive, targeted communications • Mobile and community-based delivery models • Integrated vaccination with health checks and other services 	<ul style="list-style-type: none"> • Number of outreach clinics delivered • Pilot evaluation reports 	<ul style="list-style-type: none"> • Increased uptake in underserved groups • Progress towards herd immunity thresholds

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<ul style="list-style-type: none">• Incentive and reminder pilots (e.g. care home staff flu scheme)		
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6. Delivery & Governance

6.1 Lead: Local Authority Public Health (Health Protection) DPH, HPT

6.2 Key Partners: NHSE, VAC UK, Primary Care, CLCH, Pharmacies, Schools, VCSE, Care Homes, Public Health Colleagues

6.3 Reporting: Quarterly to Health Protection Board (when established) and Health & Wellbeing Board

7. Performance Measures

- COVER 0–5 indicators
- MMR (2 doses) at 5 years (MMRV 2 doses at 18 months)
- Flu uptake (65+, at-risk, pregnant women, children)
- RSV/Pertussis uptake in pregnant women
- HPV coverage
- Impact on Inequality gap between highest and lowest wards
- Staff/trusted figures trained in vaccine conversations
- Number of targeted outreach sessions

APPENDICES:

Appendix 1: Immunisation schedule in the UK .

Appendix 2: H&F Immunisation Action Plan.

Appendix 3: H&F Vaccine Conversation Training overview.

Appendix 4: Childhood Immunisation Across Primary Care

Appendix 5: H&F Vaccination Data RAG report.

Vaccination Programme by Age Group in the UK, 2025–2026

The routine NHS vaccination schedule includes **babies, children, adolescents, adults and older adults**, plus additional vaccinations for **pregnant women** and **clinical risk groups**.

A. Babies (0–12 Months)

8 weeks:

- 6-in-1 (DTaP/IPV/Hib/HepB)
- Rotavirus (oral)
- MenB

12 weeks:

- 6-in-1
- MenB
- Rotavirus

16 weeks:

- 6-in-1
- Pneumococcal (PCV)

Selective newborn vaccines (risk-dependent):

- Hepatitis B at birth (for infants born to hepatitis-B-positive mothers)
- BCG for babies in high-TB-incidence areas

B. Toddlers (12–18 Months)

1 year:

- MMRV (Measles, Mumps, Rubella, Varicella) depending on date of birth
- Pneumococcal booster
- MenB booster

18 months (for children born on/after 1 July 2024):

- 6-in-1 booster
- MMRV

C. Pre-school Children (2–5 years)

Ages 2–15:

- Annual **children’s flu vaccine** (nasal spray)

3 years 4 months:

- 4-in-1 pre-school booster
- MMRV booster

D. Adolescents (12–18 years)

Delivered mostly **in schools**:

- **HPV** (12–13 years)
- **3-in-1 teenage booster (Td/IPV)** (14 years)
- **MenACWY** (14 years)

Catch-up MMR is also offered if not fully vaccinated.

E. Adults (19–64 years)

Vaccines offered based on clinical need or risk:

- Hepatitis B for high-risk groups
- MMR catch-up for unvaccinated adults
- Travel vaccines (as required)

F. Older Adults (65+ years)

65 years:

- Annual flu vaccine

- Pneumococcal vaccine
- Shingles vaccine (Shingrix)

70–79 years:

- Shingles vaccine catch-up

75+ years:

- RSV vaccine
- Seasonal COVID-19 vaccination (spring and winter boosters)

G. Pregnant Women

- Flu vaccine (seasonal)
- Pertussis vaccine (around 20 weeks)
- RSV vaccine (from 28 weeks)

2. Who Is Responsible for Providing Vaccinations in the UK?

Vaccination responsibilities fall into **policy**, **commissioning**, and **delivery** functions across several national and local bodies.

A. National Policy & Scientific Oversight – UK Health Security Agency (UKHSA)

UKHSA is responsible for:

- Setting the **national immunisation schedule** and updating vaccine guidance.
- Providing national surveillance, evidence, and training standards.
- Supporting local systems to address vaccine inequalities (Immunisation Equity Strategy 2025–2030).

B. Commissioning & System Leadership – NHS England

NHS England is responsible for commissioning most immunisation programmes under the **Section 7A agreement**. This includes:

- Routine childhood and adult vaccinations
- School-aged immunisation services
- Enhanced services like flu and COVID-19 (commissioned separately)

From 2027, commissioning responsibility will transfer to **Integrated Care Boards (ICBs)**.

C. Local Delivery – Primary Care, Schools & Community Providers

1. General Practice (GP Practices)

GPs deliver:

- Routine childhood vaccines (0–5 years)
 - Adult vaccinations (flu, pneumococcal, shingles, MMR catch-up, etc.)
 - Vaccines for clinical risk groups
- GP practices must follow national vaccination and immunisation (V&I) standards.

2. School Age Immunisation Services (SAIS)

- Commissioned by NHS England to deliver **school-based vaccinations** (HPV, MenACWY, Tetanus/diphtheria/polio booster, flu for Years 7–11).
- SAIS teams also run **catch-up clinics** and vaccinate home-educated children.

3. Community Providers & Outreach Services

Immunisation delivery also occurs through:

- Community vaccination teams (0–19 services)
- Pharmacies (adult flu and some travel vaccines)
- Maternity services (whooping cough, flu, RSV in pregnancy)
- Outreach teams in underserved communities

4. Specialist Commissioned Providers

Vaccination UK has been commissioned to provide school-aged and newborn vaccination services in H&F

3. Summary

Age Group	Main Vaccines	Who Delivers Them?
Babies (0–1)	6-in-1, Rotavirus, MenB, PCV	GP practice & community vaccination teams
Toddlers (1–2)	MMRV, PCV booster, MenB booster	GP practice
Pre-school	Flu, 4-in-1 booster, MMRV	GP + school flu via SAIS (varies by area)
Adolescents	HPV, MenACWY, Td/IPV, flu	School Age Immunisation Services (SAIS)
Adults	MMR catch-up, Hep B (risk), travel	GP practices, pharmacies
Older Adults	Flu, pneumococcal, shingles, RSV, COVID boosters	GP practices, pharmacies, community teams
Pregnant Women	Flu, Pertussis, RSV	Maternity services, GP

Strategic Objective	Action	Responsible Lead / Org	Timeframe	Expected Outcome	RAG Status	Latest Update / Evidence
System Leadership & Assurance 1.	review meetings to review uptake, risks and delivery issues	LBHF PH Immunisation Lead	Quarterly	Clear accountability and timely system improvement		
System Leadership & Assurance 2.	review meetings with Vaccination UK (schools provider)	LBHF PH / Vaccination UK	Monthly (delivery periods)	Improved school-based uptake and reduced variation		Awaiting dates for monthly meeting from Vaccination UK
Improve Vaccine Uptake	neighbourhoods using roving and primary care teams	LBHF PH / ICB / Providers	Ongoing	Increased uptake in priority cohorts		
Reduce Inequalities	Community-based vaccination delivery for inclusion health groups	LBHF PH / Community Partners / Roving Team	Ongoing	Improved equity of access		
Build Vaccine Confidence	Training to frontline staff and community champions	LBHF PH	Quarterly cohorts	Increased confidence and informed decision-making		
Robust Data & Intelligence	Develop and maintain LBHF childhood immunisation dashboard	LBHF PH / BI Team	2026	Timely, accurate local intelligence		
Seasonal Readiness 1.	Pre-season flu and COVID-19 system readiness planning Easter COVID	LBHF PH / ICB	Annually (Q2-Q3)	System and logistical preparation for seasonal delivery		In preparation
Seasonal Readiness 2.	Pre-season flu and COVID-19 system readiness planning Winter COVID	LBHF PH / ICB	Annually (Q3-Q4)	System and logistical preparation for seasonal delivery		
Seasonal Readiness 3.	Pre-season flu and COVID-19 system readiness planning Winter Flu	LBHF PH / ICB / Vaccination U	Annually (Q3-Q4)	System and logistical preparation for seasonal delivery		
Governance & Escalation	Council SLT, UKHSA and ICB as required	LBHF PH / DPH	As required	Risks mitigated early		Currently Vaccination UK Reporting

Appendix 3: H&F Vaccine Conversation Training – Evidence Base and Rationale

Purpose

The H&F Vaccine Conversation Training is a locally developed workforce and community capacity building programme designed to:

- Improve confidence in discussing vaccination
- Address misinformation and common concerns
- Support residents to make informed decisions
- Increase uptake through trusted conversations

The programme forms part of the borough's wider, multi-faceted immunisation improvement plan and complements service delivery, communications, access and data-driven interventions.

This approach is consistent with WHO Immunization Agenda 2030 (IA2030), which identifies demand generation, community engagement and workforce capability as core pillars for improving vaccine uptake (WHO, 2021)

Local context

Vaccination uptake in Hammersmith & Fulham remains below the 95% herd protection threshold for several programmes. Local engagement indicates that:

- Many residents are not opposed to vaccinations but have unanswered questions
- Confidence is influenced by trust, cultural context and access to clear information
- Frontline staff and community representatives often lack confidence in responding to vaccine queries

These findings are consistent with national evidence showing that vaccine hesitancy is driven primarily by confidence, complacency and convenience (the "3Cs" model) (SAGE Working Group on Vaccine Hesitancy, 2014).

There is strong evidence that:

- Recommendations from trusted health professionals and community advocates are one of the most significant predictors of vaccine uptake (NHS England; UKHSA)
- Personalised, empathetic conversations are more effective than one way information campaigns in addressing hesitancy (WHO, UNICEF)
- Training frontline workers improves confidence, message consistency and referral to vaccination services (UKHSA Vaccine Confidence Framework)

The NICE guideline NG218 (Vaccine uptake in the general population) recommends:

- Building skills in having non-judgemental vaccine discussions

- Using community and voluntary sector organisations as trusted messengers
- Providing tailored, culturally competent engagement

Community centred approaches

Evidence from UK and international studies demonstrates that co-produced, community-based models:

- Improve trust in vaccination programmes
- Increase engagement among underserved groups
- Reduce inequalities in uptake

This aligns with the Core20PLUS5 approach and UKHSA health equity principles.

The H&F Programme Model

- Is co-produced with residents and community partners
- Targets a multi-sector workforce, including local authority, health, VCSE, housing, employment and faith settings
- Focuses on practical skills for supportive, non-judgemental vaccine conversations
- Provides clear signposting pathways to vaccination services

This reflects best practice set out in:

- NICE NG218
- UKHSA Vaccine Confidence and Community Engagement guidance
- WHO Behavioural and Social Drivers (BeSD) framework

Delivery and Reach

To date:

- 17 training sessions delivered
- 207 participants trained
- Representation from frontline services, community organisations and trusted local settings

The programme has also been commissioned by the Bi-Borough, generating income for the Council and demonstrating wider system demand.

Impact and Early Outcomes

Early evaluation indicates:

- Increased workforce confidence in responding to vaccine queries
- Improved consistency of vaccination messages across services

- Strengthened links between community settings and vaccination providers
- Contribution to targeted engagement in priority communities

Workforce training is recognised by WHO and UKHSA as a key mechanism for improving vaccine confidence and demand generation and evidenced by Naylor's MSc service improvement project in H&F (2023).

The programme supports delivery of:

- School based MMR engagement
- Maternity vaccination promotion
- Care home vaccination activity

Recognition

The H&F Vaccine Conversation model has been:

- Presented at the X Jornadas De Actualizacion En Grip Conference, Madrid 2025 as an example of local innovation
- Adopted by partner organisations across North West London

Next Steps

- Continued multi-sector rollout
- Integration with borough workforce development programmes
- Ongoing evaluation, including linkage (where feasible) to uptake in targeted cohorts
- Contribution to reducing immunisation inequalities

Key References

- World Health Organization (2021). Immunization Agenda 2030: A Global Strategy to Leave No One Behind.
- NICE (2022). NG218: Vaccine uptake in the general population.
- UKHSA. Vaccine confidence and community engagement guidance.
- SAGE Working Group on Vaccine Hesitancy (2014). Report of the SAGE Working Group on Vaccine Hesitancy.
- WHO/UNICEF. Behavioural and Social Drivers of Vaccination (BeSD) Framework.
- NHS England. Increasing vaccination uptake: workforce and community approaches.
- UK Government. Core20PLUS5 – Reducing health inequalities.
- Naylor E (2023). A Strategy for improving uptake of Flu vaccination for staff working in Hammersmith and Fulham's Nursing Homes.

Breakdown of attendee roles and profiles

This programme has convened a whole-system prevention workforce spanning strategic leadership, NHS, social care, inclusion health, VCSE, academia and community champions creating the infrastructure required to deliver equitable, life-course immunisation and health protection at borough scale.

Number of sessions provided: 17

Number of attendees: 207

Attendee Profile

1. Senior Leadership & Strategic Public Health

- Director of Public Health – LBHF
- Senior Public Health Strategist – RBKC & Westminster
- Lead Public Health Nursing – LBHF
- Programme Leads – Social Care Commissioning / Public Health / Commissioning LBHF
- Quality Assurance Lead – Adult Social Care
- Contracts & Performance Officers – LBHF Public Health & ASC
- Prevent Lead – RBKC & H&F
- Employment Adviser – Economy Department H&F
- Finance Manager – Domiciliary Care
- Medical Director & Senior Medical Managers – CSL Seqirus
- Consultant in Health Protection – UKHSA (NLHPT)

Represents: Strategic leadership, commissioning, assurance, industry, and national HP.

2. NHS & Primary Care

General Practice

- GP Partners & GPs – Richford Gate, Chelsea Medical Services
- GP Trainees (Public Health placement)
- Practice Nurses – multiple GP practices
- ACP – Richford Gate
- Pharmacist / Compliance Manager

Primary Care Networks / ICS

- Integrated Care Programme Coordinator – NWL PCNs
- Community Health & Wellbeing Workers (PCNs)
- Neighbourhood Navigators / Social Prescribers (West London GP Federation)

3. Immunisation & Vaccination System

- Immunisation Lead – NWL ICB
- Vacs UK: Clinical Lead, Immunisation Nurses, Vaccination Nurses, Admin
- Vaccine Researcher – Imperial
- JitsuVax: Programme Lead, Project Managers, Research Fellows – University of Bristol

Represents: Delivery, research, behavioural science, system leadership.

4. Health Visiting, School Nursing & 0–19 Services (CLCH / CNWL)

- Health Visitors (including MECSH lead)
- Student Health Visitors
- Community Nursery Nurses
- Community Staff Nurses
- School Nurses & Team Leads
- RSHE Team Lead – School Health Service
- School Health Technicians

Represents: Early years, safeguarding, prevention, family engagement.

5. Care Home & Extra Care Sector

Care Homes

- Home Managers
- Deputy Managers
- Clinical Leads
- RGNs / Staff Nurses / Nurse Associates
- Unit Managers / Team Leaders
- Senior Care Assistants
- Head of Housekeeping

Services represented:

- St Vincent's
- Farm Lane

- Nazareth House
- Chiswick Nursing Centre

Extra Care & Supported Living:

- Registered Branch Managers
- Estate Manager – Mary Seacole House
- Extra Care Service Manager
- Independent Living Assessors
- Housing & Care Managers

6. Domiciliary Care Providers

- Registered Managers
- Operations Managers
- Care Coordinators
- QA Managers
- Finance Managers

7. Homeless Health & Inclusion Health

- Homeless Health Nurse Practitioners – CLCH & Westminster
- Homeless Health Delivery Manager – NWL ICB
- St Mungo's: Project Workers, Health in-reach Navigators
- Groundswell: In-reach Navigators, Health Promotion Manager, CHWWs
- Depaul UK: Floating Support Workers & Progression Coaches
- Refugee & Asylum Teams – Policy, Liaison, Support Advisors
- Health advocates & migrant community organisations

8. Community, VCSE & Faith Sector

- Healthwatch (Project, Engagement, Patient Experience)
- Family Hubs Navigators & Volunteers
- Family Champions & Coordinators – LBHF
- Home-Start Family Support
- BME Health Forum – Engagement Lead

- MACWO – Founder & Volunteers
- Iranian Association – Health Advocate
- Abdul Mageed Education Trust – Trustee & Engagement
- Spanish & Portuguese Synagogue – Trustee
- FORWARD – Community Outreach
- Sobus – Co-production (health inequalities)
- Community Development Officers (MBS)
- Youth Worker – Harrow Club

9. Women’s Health & Acute Trust Services

- Women’s Department Manager & Educator – WLICC
- Chelsea Hospital Nurse

10. Environmental & Regulatory

- Environmental Health Officer

Sector Representation by %

- Clinical & NHS – 38%
- GPs, practice nurses, ACPs, pharmacists, HVs, school nurses, immunisation teams, acute staff
- Care Sector – 22%
- Care homes, extra care, domiciliary providers, independent living services
- Community & VCSE – 18%
- Healthwatch, Family Hubs, faith groups, BME organisations, community champions
- Inclusion Health – 10%
- Homeless health, refugee & migrant services, outreach navigators
- Strategic / Commissioning / QA – 7%
- Public Health, ICB, ASC commissioning, UKHSA, contracts & quality
- Research & Behavioural Science – 3%
- JitsuVax (Bristol), Imperial
- Industry – 2%
- CSL Seqirus medical affairs & Moderna

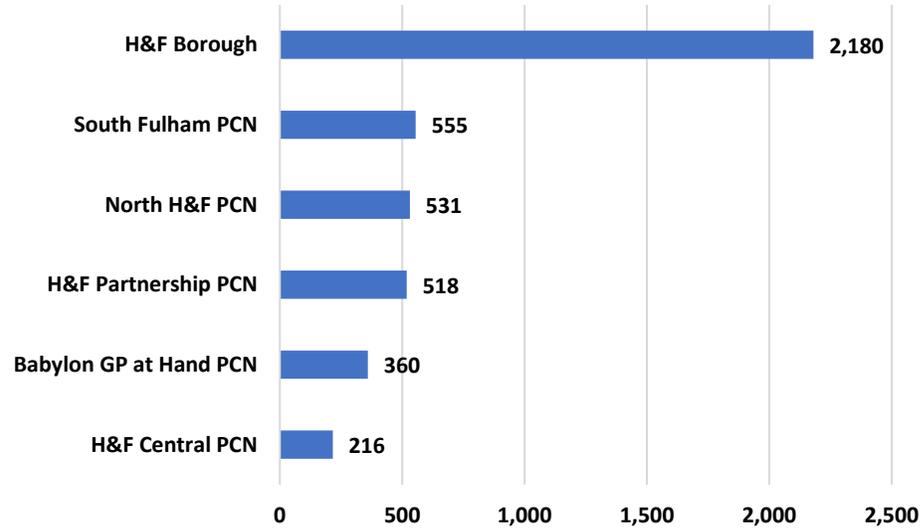
H&F Childhood Immunisation Across Primary Care Networks

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Susanna Wratten
Public Health
Business Intelligence

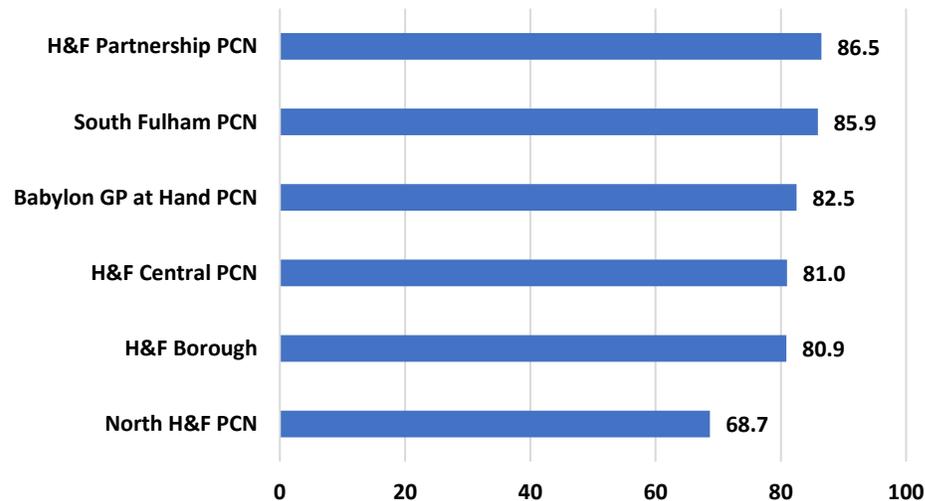
Childhood Immunisation: 12 Months

Number of children who reached 12 months, April 2024 - March 2025



- South Fulham PCN leads with **25%** of all children reaching 12 months (**555 children**).
- North H&F and H&F Partnership PCNs together account for nearly half of the total (**48%**).
- Gp At Hand PCN contributes **16.5%**, while H&F Central has the smallest share at under **10%**.

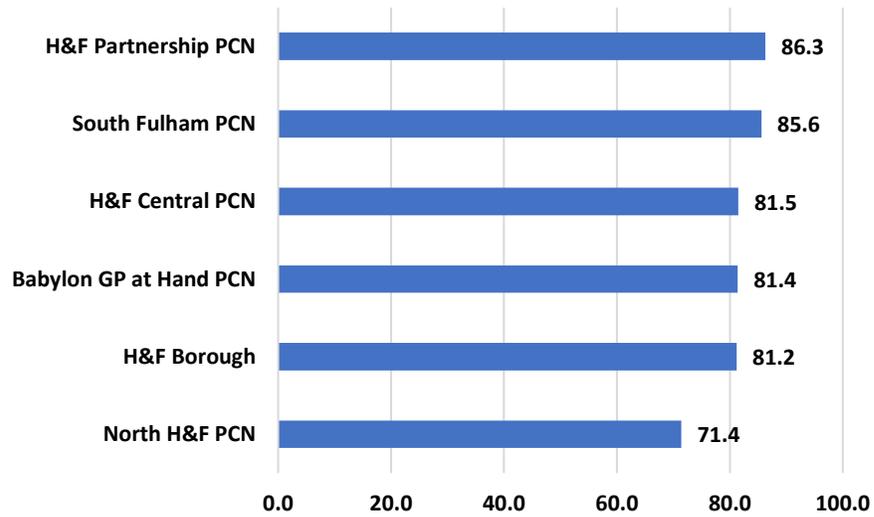
Coverage at 12 months for DTaP/IPV/Hib/HepB (%), April 2024 - March 2025



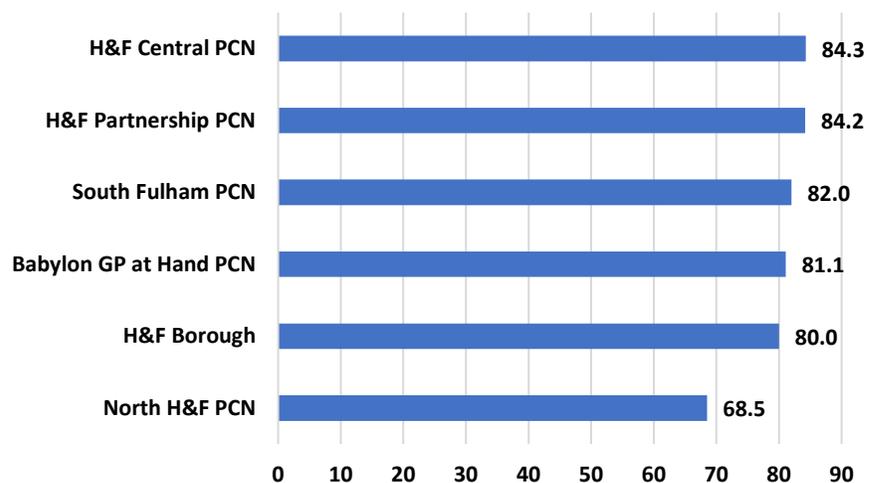
- H&F Partnership PCN has the highest coverage at **86.5%**, closely followed by South Fulham (**85.9%**).
- North H&F PCN lags significantly behind at **68.7%** – the lowest among all PCNs.
- Gp At Hand (**82.5%**) and H&F Central (**81%**) perform above 80%, but below the top two PCNs.
- Four PCNs exceed **80%** coverage, indicating strong performance in most areas.
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

Childhood Immunisation: 12 Months

Coverage at 12 months MenB (%), , April 2024 - March 2025



Sum of Coverage at 12 months rota (%), April 2024 - March 2025

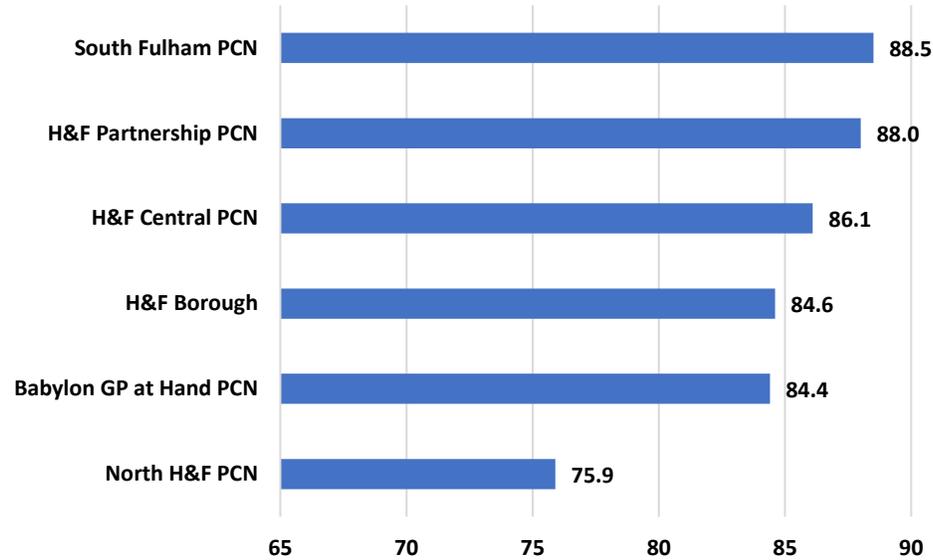


- South Fulham PCN and H&F Partnership PCN lead with coverage above **85%**.
- Gp At Hand PCN and H&F Central PCN show strong performance at just over **80%**.
- North H&F PCN is the lowest performer at around **70%**, indicating a significant gap.
- Four out of five PCNs **exceed 80%** coverage, suggesting overall good uptake.
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

- H&F Central PCN and H&F Partnership PCN lead with coverage above **84%**.
- South Fulham PCN and Gp At Hand PCN also perform strongly at **81–82%**.
- North H&F PCN is the lowest performer at **68.5%**, well below others.
- Four PCNs **exceed 80%**, indicating strong uptake overall
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

Childhood Immunisation: 12 Months

Coverage at 12 months PCV1 (%), , April 2024 - March 2025



- South Fulham PCN leads with **88.5%**, closely followed by H&F Partnership at **88%**.
- H&F Central PCN and GP At Hand PCN also perform strongly at **86.1%** and **84.4%**, respectively.
- North H&F PCN is the lowest performer at **75.9%**, significantly below others.
- Gap between highest and lowest coverage is over 12 percentage points.
- Four PCNs exceed **84%**, indicating strong overall uptake.
- Babylon GP at Hand falls just below the borough average whilst North H&F PCN falls considerably below the borough average.

Summary of Coverage and Uptake at 12 Months Across PCNs

Key Insights

1.Children Reaching 12 Months

- South Fulham PCN leads with 555 children **(25.5%)**.
- North H&F and H&F Partnership together account for nearly **48%**.
- H&F Central is lowest at **9.9%** share.

2.Immunisation Coverage

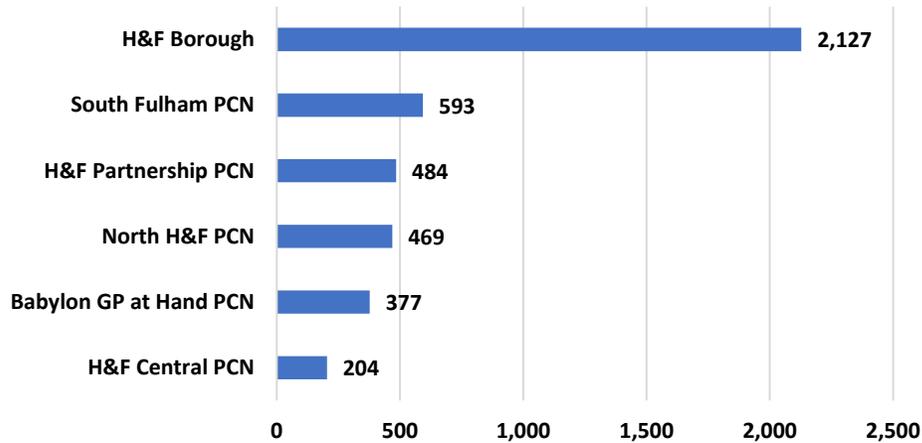
1. DTaP/IPV/Hib/HepB: Highest in H&F Partnership **(86.5%)**, lowest in North H&F **(68.7%)**.
2. MenB: Four PCNs **exceed 80%**; North H&F lags at **~70%**.
3. Rota: H&F Central and Partnership lead at **~84%**; North H&F lowest at **68.5%**.
4. PCV1: South Fulham tops at **88.5%**; North H&F lowest at **75.9%**.

Overall Patterns

- Consistent **underperformance by North H&F PCN** across all vaccines; consistently below the borough average.
- Strong performance by South Fulham and H&F Partnership PCNs** in most metrics.

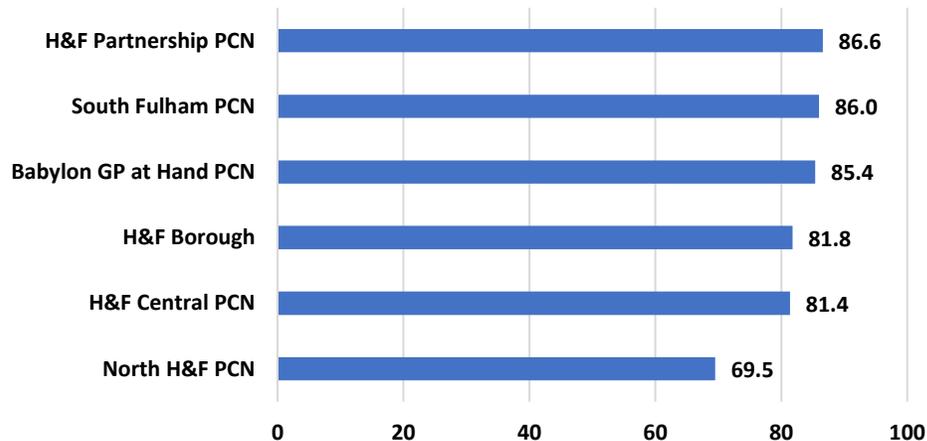
Childhood Immunisation: 24 Months

Number of children who reached 24 months, April 2024 - March 2025



- South Fulham PCN leads with **28%** of all children reaching 24 months (**593 children**).
- North H&F and H&F Partnership PCNs together account for **45%** of the total (**953 children combined**).
- GP At Hand PCN contributes **18%**, while H&F Central has the smallest share at just **10%**.

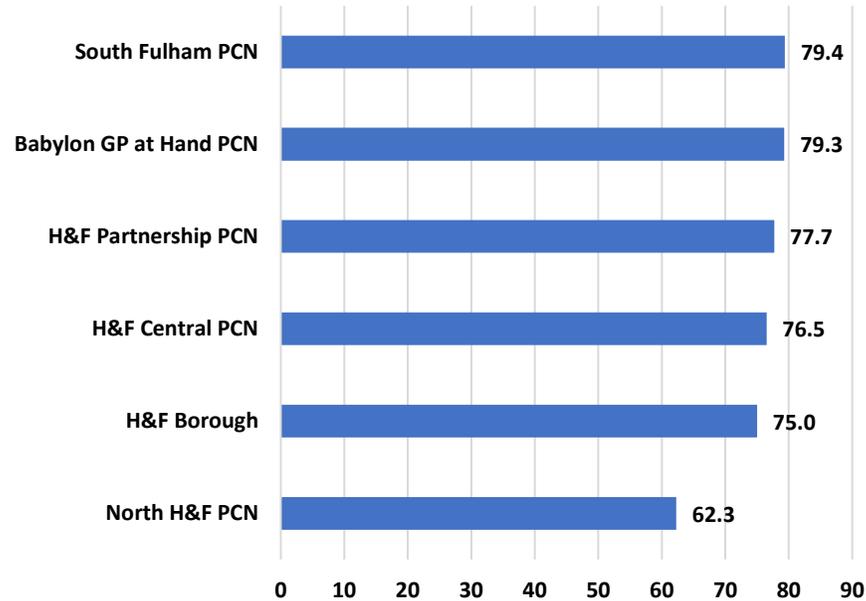
Coverage at 24 months DTaP/IPV/Hib/HepB Prim (%), April 2024 - March 2025



- Hammersmith & Fulham Partnership PCN leads with the highest coverage at **86.6%**.
- South Fulham PCN and GP At Hand PCN follow closely at **86.0%** and **85.4%**, respectively.
- H&F Central PCN achieves **81.4%**, slightly below the top performers.
- North H&F PCN has the lowest coverage at **69.5%**, significantly behind the others.
- Four PCNs exceed **80%** coverage, indicating strong performance in most areas.
- H&F Central PCN falls just below the borough average whilst North H&F PCN falls considerably below the borough average.

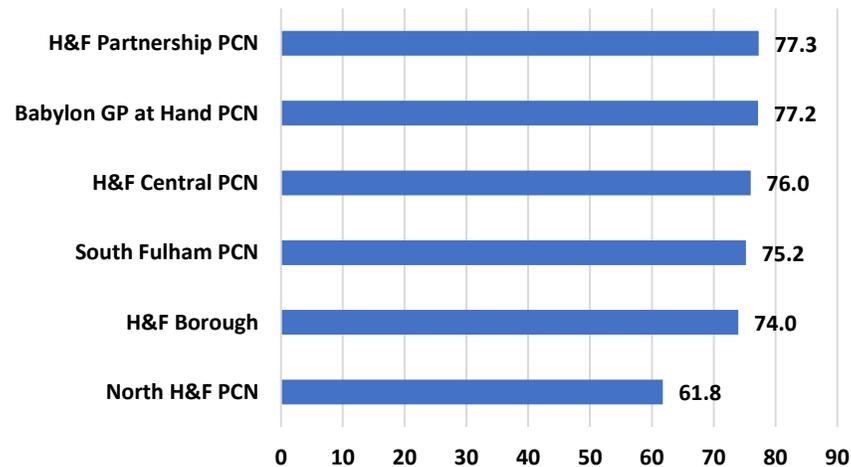
Childhood Immunisation: 24 Months

Coverage at 24 months MMR1 (%), April 2024 - March 2025



- South Fulham PCN leads with **79.4%**, closely followed by GP At Hand PCN at **79.3%**.
- Hammersmith & Fulham Partnership PCN is slightly lower at **77.7%**, and H&F Central PCN at **76.5%**.
- North H&F PCN has the lowest coverage at **62.3%**.
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

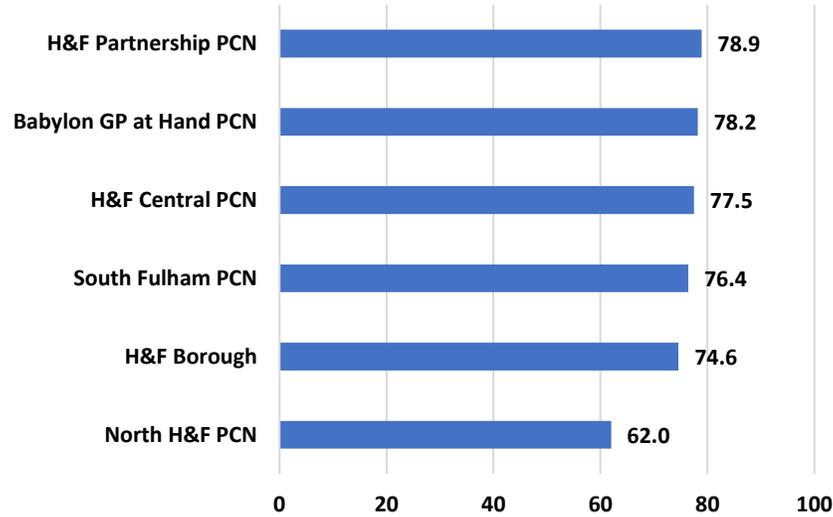
Coverage at 24 months PCV booster (%), April 2024 - March 2025



- Hammersmith & Fulham Partnership PCN leads with **77.3%**, closely followed by GP At Hand PCN at **77.2%**.
- H&F Central PCN is slightly lower at **76.0%**, and South Fulham PCN at **75.2%**.
- North H&F PCN has the lowest coverage at **61.8%**.
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

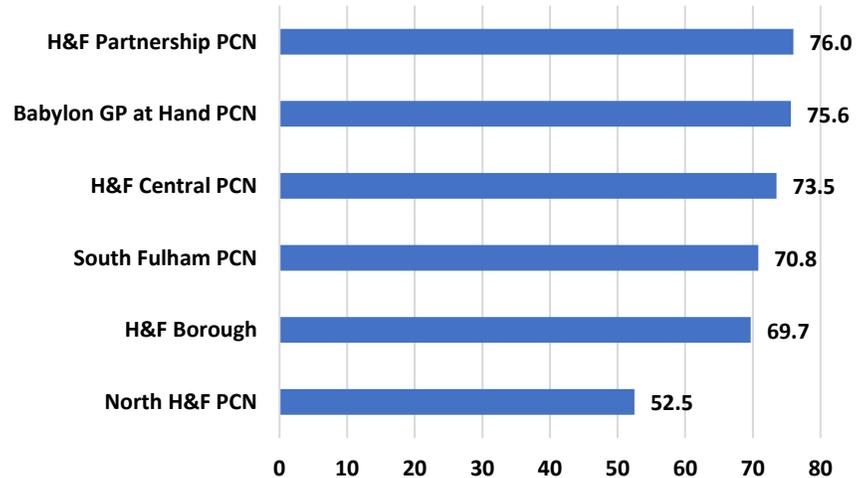
Childhood Immunisation: 24 Months

Coverage at 24 months Hib/MenC booster (%), April 2024 - March 2025



- Hammersmith & Fulham Partnership PCN leads with **78.9%**, followed closely by GP At Hand PCN at **78.2%**.
- H&F Central PCN is slightly lower at **77.5%**, and South Fulham PCN at **76.4%**.
- North H&F PCN has the lowest coverage at **62.0%**.
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

Coverage at 24 months MenB booster (%), April 2024 - March 2025



- Hammersmith & Fulham Partnership PCN leads with **76.0%**, closely followed by GP At Hand PCN at **75.6%**.
- H&F Central PCN is slightly lower at **73.5%**, and South Fulham PCN at **70.8%**.
- North H&F PCN has the lowest coverage at **52.5%**
- All PCNs perform at or above the H&F borough average, except North H&F PCN, which falls below.

Summary of Coverage and Uptake at 24 Months Across PCNs

Key Insights

1. Children Reaching 24 Months

- South Fulham PCN leads with **593** children (**28%**).
- North H&F and H&F Partnership together account for **~45%**.
- H&F Central is lowest at **9.6%** share.

2. Immunisation Coverage

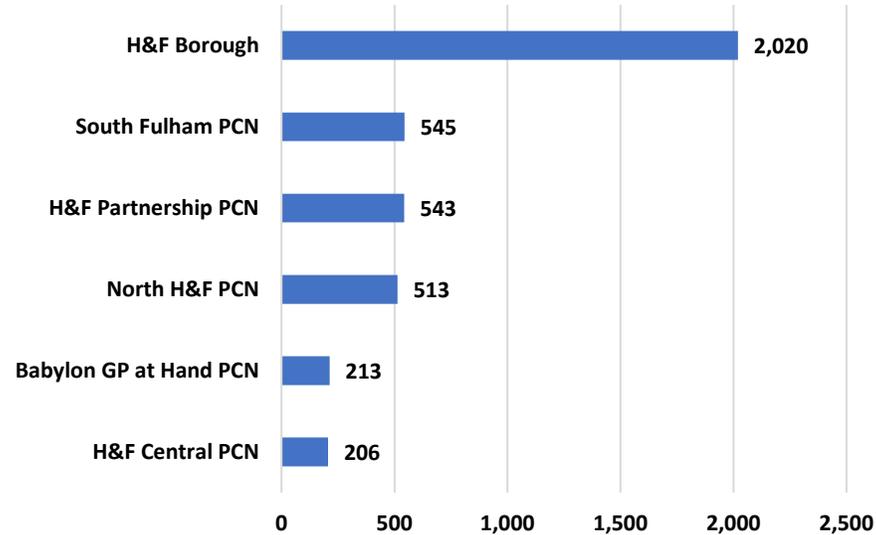
- DTaP/IPV/Hib/HepB: Highest in H&F Partnership (**86.6%**), lowest in North H&F (**69.5%**).
- MMR1: Four PCNs exceed **76%**; North H&F lags at 62.3%.
- PCV booster: Top performers **~77%**; North H&F lowest at **61.8%**.
- Hib/MenC booster: Highest in H&F Partnership (**78.9%**); North H&F lowest at **62.0%**.
- MenB booster: Highest in H&F Partnership (**76.0%**); North H&F lowest at **52.5%**.

Overall Patterns

- Consistent **underperformance by North H&F PCN** across all vaccines; consistently below the borough average.
- **Strong performance by South Fulham and H&F Partnership PCNs** in most metrics.

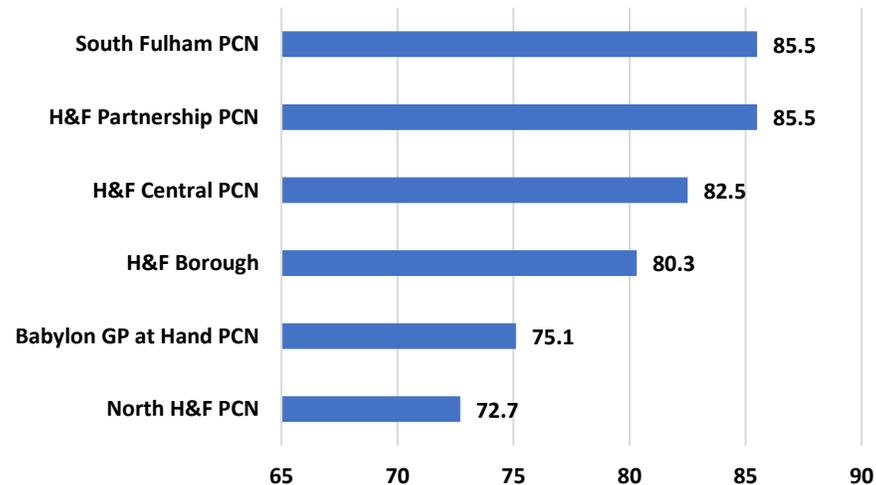
Childhood Immunisation: 5 Years

Number of children who reached 5 years, April 2024 - March 2025



- South Fulham PCN leads with **27%** of all children reaching 5 years (**545 children**).
- H&F Partnership PCN is close behind at **27%** (**543 children**), and North H&F contributes **25%** (**513 children**).
- Gp At Hand and H&F Central each account for about **10%** (**213** and **206** children respectively).

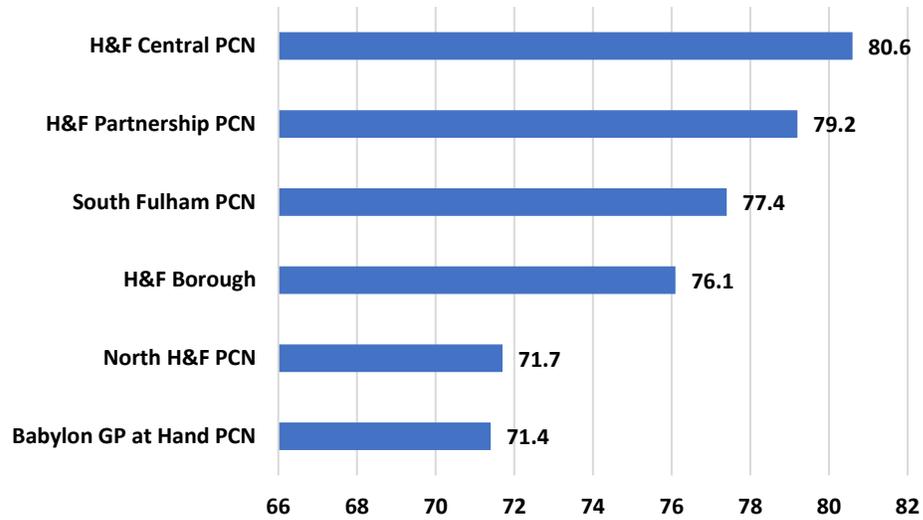
Coverage at 5 years DTaP/IPV/Hib/HepB Prim (%), April 2024 - March 2025



- South Fulham PCN and H&F Partnership PCN lead with the highest coverage at **85.5%**.
- H&F Central PCN follows at **82.5%**, slightly below the leaders.
- Gp At Hand PCN is lower at **75.1%**.
- North H&F PCN has the lowest coverage at **72.7%**.
- Babylon GP at Hand and North H&F PCN falls considerably below the borough average.

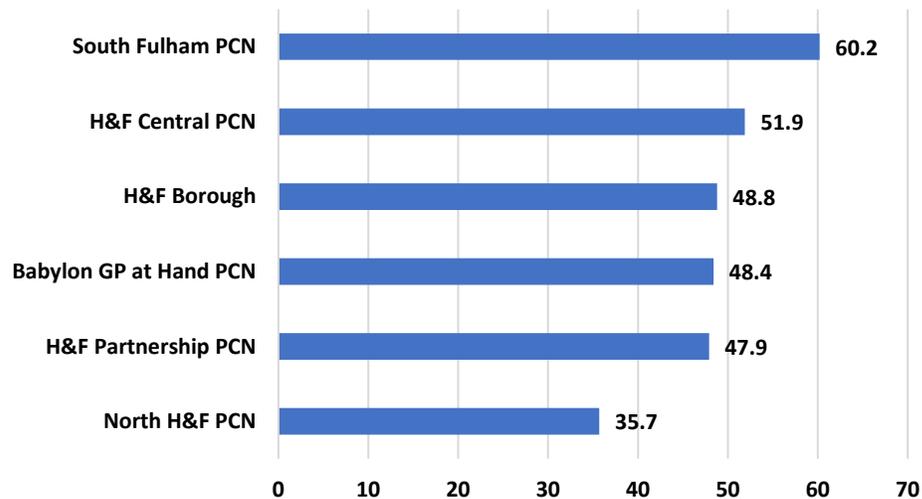
Childhood Immunisation: 5 Years

Coverage at 5 years Hib/MenC booster (%) , April 2024 - March 2025



- H&F Central PCN leads with **80.6%**, the only PCN above **80%**.
- H&F Partnership PCN follows at **79.2%**, and South Fulham PCN at **77.4%**.
- North H&F and Gp At Hand PCNs have the lowest coverage at **~71% (71.7% and 71.4%)**.
- Babylon GP at Hand and North H&F PCN falls below the borough average

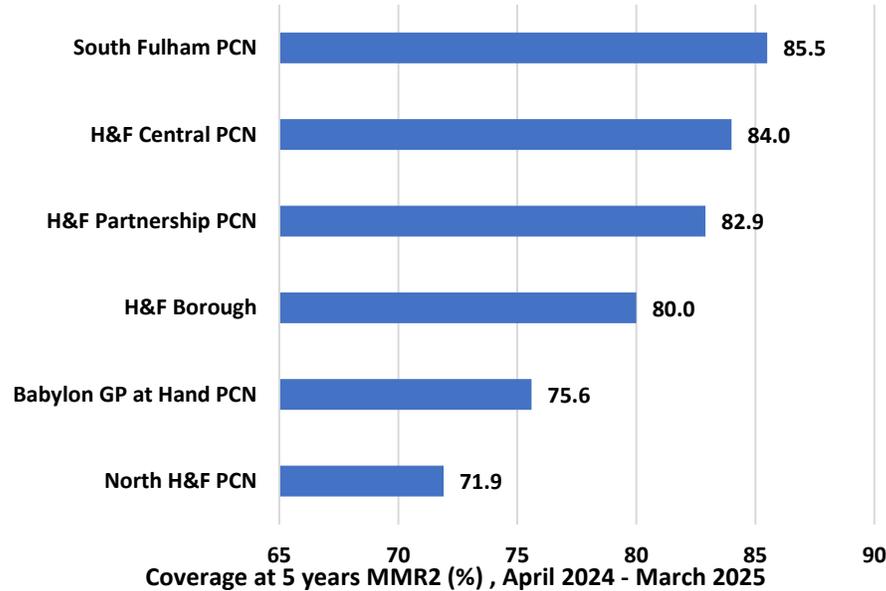
Coverage at 5 years dTaP/IPV booster (%) , April 2024 - March 2025



- South Fulham PCN leads with **60.2%**, the only PCN above **60%**.
- H&F Central PCN follows at **51.9%**, and Gp At Hand PCN at **48.4%**.
- H&F Partnership PCN is slightly lower at **47.9%**.
- North H&F PCN has the lowest coverage at **35.7%**.
- Babylon GP at Hand and H&F Partnership falls just below the H&F Borough average whilst North H&F falls considerably below the borough average

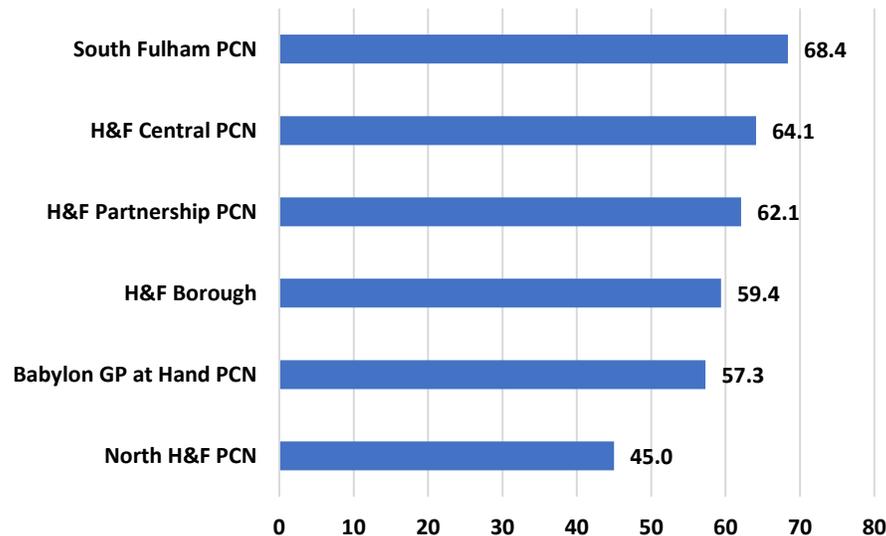
Childhood Immunisation: 5 Years

Coverage at 5 years MMR1 (%) , April 2024 - March 2025



- South Fulham PCN leads with **85.5%**, the highest coverage among all PCNs.
- H&F Central PCN follows at **84.0%**, and H&F Partnership PCN at **82.9%**.
- Gp At Hand PCN is lower at **75.6%**.
- North H&F PCN has the lowest coverage at **71.9%**.
- Babylon GP at Hand and North H&F PCN falls below the borough average.

Coverage at 5 years MMR2 (%) , April 2024 - March 2025



- South Fulham PCN leads with **68.4%**, the highest among all PCNs.
- H&F Central PCN follows at **64.1%**, and H&F Partnership PCN at **62.1%**.
- Gp At Hand PCN is lower at **57.3%**.
- North H&F PCN has the lowest coverage at **45.0%**.
- Babylon GP at Hand falls just below the H&F Borough average whilst North H&F falls considerably below the borough average.

Summary of Coverage and Uptake at 5 Years Across PCNs

Key Insights

1. Children Reaching 5 Years

- South Fulham PCN leads with **27%** of all children reaching 5 years (**545 children**).
- H&F Partnership PCN is close behind at **27%** (**543 children**), and North H&F contributes **25%** (**513 children**).
- Gp At Hand and H&F Central each account for about **10%** (**213 and 206 children respectively**).

2. Immunisation Coverage

- DTaP/IPV/Hib/HepB Primary: Highest in South Fulham & H&F Partnership (**85.5%**), lowest in North H&F (**72.7%**).
- Hib/MenC Booster: Highest in H&F Central (**80.6%**), lowest in Gp At Hand (**71.4%**) and North H&F (**71.7%**).
- dTaP/IPV Booster: Highest in South Fulham (**60.2%**), lowest in North H&F (**35.7%**).
- MMR1: Highest in South Fulham (**85.5%**), lowest in North H&F (**71.9%**).
- MMR2: Highest in South Fulham (**68.4%**), lowest in North H&F (**45.0%**).

Overall Patterns

- **Consistent underperformance by North H&F PCN** across all vaccines, especially boosters and MMR2, consistently performing below the borough average
- **South Fulham and H&F Partnership PCNs show strong performance in most metrics.**
- Coverage for **boosters and MMR2** is notably lower than primary series across all PCNs.

Immunisation & Vaccination Coverage – Hammersmith & Fulham

(Latest available data: End Jan 2026 Data source: COVER / NHSE / UKHSA | Note: data subject to reporting lag demonstrated by inconsistency)

Childhood Immunisations

Programme	Cohort	H&F %	London %	England %	Target %	RAG
6-in-1 (Dose 1)	8 weeks	85.2			95%	Yellow
6-in-1 (Dose 2)	12 weeks	81.6			95%	Red
6-in-1 (Dose 3)	16 weeks	72.4			95%	Red
Rotavirus (1 dose)	8 weeks	82.2			95%	Red
Rotavirus (2 doses)	12 weeks	72.8			95%	Red
PCV	12 weeks				95%	
Hib/MenC	1 year				95%	
MMR (Dose 1)	2 years	74.3	79.5	88.1	95%	Red
MMR (Dose 2)	5 years	59.8	69	83.6	95%	Red
MMRV (Dose1)	1 year					
MMRV (Dose 2)	18 months					

Performance Summary (1–2 lines for Board)

Coverage for all childhood immunisations remains below the 95% target. MMR second dose shows the largest gap compared with England. Data lag of approximately 3-6 months limits real-time performance management; WSIC dashboard development is in progress to enable hotspot targeting.

Maternal Vaccination

Programme	Cohort	H&F %	London %	England %	Target %	RAG
Pertussis	Pregnant women	69.6			60+	Green
Flu	Pregnant women	35.6			75	Red

RSV	Pregnant women	53.7			TBC	
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Adult & Older People

Programme	Cohort	H&F %	London %	England %	Target %	RAG
Flu	65+	52			75%	Red
Flu	At-risk <65	26.1			75%	Red
Flu	Care home residents	76.5			75%	Green
Shingles	70 -79	32.5	40.8	48.3	60%	Red
Pneumococcal (PPV23)	65+	2.3			75%	Red
COVID-19 (Seasonal)	Eligible cohorts	23.9			NHSE ambition	

RAG Rating Guide

	RAG	Definition
Green	Green	At or above target
Amber	Amber	Within 5 - 10% of target or improving trend
Red	Red	>10% below target or declining trend

Inequalities & Data Quality (to complete when available)

Indicator	Status	Notes
Ward-level variation identified		
Ethnicity-level variation identified		
Deprivation gradient		

Data lag (months)		
WSIC dashboard live		

Report to: Health and Wellbeing Board

Date: 18/03/2026

Subject: Oral Health Update in Hammersmith and Fulham

Report author: Charis Champness, Programme Lead Public Health

Responsible Director: Dr Mayada Abu Affan, Interim Director of Public Health

Executive Director: Jacqui McShannon – Executive Director of People’s Services and DCS.

Summary

This paper provides an update on ongoing work to improve oral health in Hammersmith & Fulham, with a focus on children and young people. It outlines progress in delivering the borough’s Oral Health Plan, including training for frontline staff, community engagement, developing accessible oral health resources for residents and partnerships across health, education and the voluntary sector. The report also describes local implementation of the national Supervised Toothbrushing Programme, targeted at early years settings in areas of highest deprivation. Finally, it provides an update on the Targeted Dental Access for Children (TDAC) Pilot, which aims to improve access to dental care for children with greater need or facing barriers. These initiatives collectively support early intervention, healthier environments, and improved access to dental services across the borough.

Background to Oral Health Plan

1. A paper presented to the H&F Health & Wellbeing Board in March 2024¹ detailed the current state of oral health in the borough. It presented the strategic context, access to NHS dental services, and a profile of oral health amongst H&F residents. At that meeting, the Board agreed to development of an oral health plan.
2. The H&F Oral Health Plan (the Plan) is a working document that tracks projects and initiatives that aim to strengthen collaboration between services and implement positive, sustainable change in the community by supporting residents to adopt healthy behaviours related to oral health.

Strategic Context

3. Good oral health is an essential component of overall good health. Poor oral health may affect one’s ability to eat, speak and socialise, and can lead to pain and infection, which may affect diet and nutrition.
4. The Council has created an Oral Health Plan because:

¹ [Public Health Update on Oral Health in Hammersmith and Fulham.pdf \(lbhf.gov.uk\)](https://lbhf.gov.uk/public-health-update-on-oral-health-in-hammersmith-and-fulham.pdf)

LONDON BOROUGH OF HAMMERSMITH AND FULHAM

- In 2013, the responsibility for public health, including oral health improvement, transferred to the Director of Public Health in local authorities, as set out in the Health and Social Care Act (2012)².
- The Local Government Association (2016) recommends that each local authority develops its own locally tailored oral health strategy³. This is further emphasised in the National Institute for Health and Care Excellence (NICE) guidelines⁴ and Office for Health Improvement and Disparities (OHID)'s "Child oral health: applying All Our Health" published in 2022⁵.
- Northwest London ICB stated that Oral Health was one of their key clinical areas of focus for health inequalities in recent prioritisation work⁶ and H&F's Plan contributes to progressing oral health outcomes across the region.
- There are significant needs in the borough which require early intervention in relation to oral health. For example, Hammersmith and Fulham (H&F) has a higher percentage (28%) of children with visual dental decay compared to the London average (26%)⁷. H&F has a lower percentage (45%) of children (0-17) seen by an NHS dentist in the last year compared to the London average (48%). However, the rate of hospital tooth extraction rate in 0–19-year-olds per 100,000 is lower in Hammersmith and Fulham (279 Per 100,000) compared to the London average, (434 per 100,000) which is good⁸.

5. This paper describes three key workstreams: the delivery of the borough's oral health plan, local implementation of Supervised Tooth Brushing (STB) programme, and a Targeted Dental Access for Children (TDAC) Pilot

Oral Health Plan

6. The Plan was developed in collaboration with residents through our Family Hub feedback group "Family Voices", and through the voluntary and community sector (VCS). Ongoing consultation with Family Voices continues to guide delivery and ensure targeted actions.
7. The H&F oral health working group includes representatives from the ICB, Education, Children's and Adults' Services, OHID, the Voluntary Sector, and NHSE to develop the Plan. We also collaborated with CLCH, the commissioned provider for oral health promotion⁹.
8. After a comprehensive review of local data, including the NHS England Oral Health Strategy for NWL, the H&F Early Intervention Strategy, and initiatives led by Family Hubs, key priority areas were identified to guide future action with four key themes.
9. **Theme 1:** Ensuring every child gets the best start in life - key achievements to date include:

² [Oral health improvement programmes commissioned by local authorities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³ [Tackling poor oral health in children: local government's public health role | Local Government Association](#)

⁴ [Overview | Oral health: local authorities and partners | Guidance | NICE](#)

⁵ [Child oral health: applying All Our Health - GOV.UK](#)

⁶ [Pillar 1 - identifying and tackling inequalities :: North West London ICS \(nwlondonicb.nhs.uk\)](#)

⁷ [Oral health - GOV.UK \(www.gov.uk\)](#)

⁸ [H&F Oral Health Factsheet 2024](#)

⁹ [Oral health promotion \(ohp\) :: Central London Community Healthcare NHS Trust](#)

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- All Family Hub staff and Family Champions have been trained in oral health promotion. Family Hub Learn & Play sessions use oral health themes within activities in both centres.
 - We are developing an online e-learning oral health module to encourage uptake of training. The script has been coproduced with our Family Champions, and a first draft has been created internally with our Learning & Development colleagues.
 - Co-production sessions with the H&F Family Champions have taken place to design simple and easy-to-understand messaging for residents. This has been shared as best practice in the NWL network of oral health commissioners.
 - We have implemented the Health, Exercise, Nutrition for the Really Young (HENRY) programme in H&F which focuses on both 'message' and 'messenger' to create the conditions for change and to support families to adopt healthier lifestyles¹⁰. It includes information about a healthy start in life (nutrition, activity, etc) that is consistent with national guidance¹¹. HENRY training has been completed by Family Hub staff and volunteers, and the HENRY programme commenced as an offer in H&F in April 2025, with a minimum of 3 programmes being delivered in the borough over an 18-month period. Furthermore, UPG are now being trained to deliver HENRY in their localities too.
 - To provide support for breast feeding continuation and removing barriers there is a lot of ongoing work including a complete review of comms on the Family Hub and LA website. Exploration and commissioning for a service that includes breastfeeding support is underway and we are hoping to award early 2026 with the new service starting 1st Jan 2027.
10. **Theme 2:** Creating healthy neighbourhoods, healthy schools, and healthy workplaces - key achievements since the plan was established include:
- Harrow Youth Club has been delivering healthy eating sessions in their groups, which includes cooking a healthy meal in the junior clubs with the children. An organisation called Foodcycle is running sessions at the Tudor Rose Family Hub building. The Nourish Hub has also been providing cooking sessions in Old Oak Family Hub.
 - Public Health have been working closely with Education to compile a list of schools working toward the different Healthy Schools awards and will be identifying the schools who have put oral health as one of their priorities and will be providing support to these schools in term 2 and 3 in 2026.
 - Public Health are utilising the redesign of the 0-19 Public Health Nursing service to prioritise oral health as a key part of the service specification.
 - To support the Supervised Toothbrushing Programme in schools and other oral health initiatives, efforts are underway to explore ways of recruiting and engaging more parents as part of the Family Champions programme. This is being done by utilising our School Nurses, Governors and Parent Associations to advertise volunteering positions.

Case Study – Creating Healthy Schools

¹⁰ [Homepage | HENRY](#)

¹¹ [Health, exercise, nutrition for the really young \(HENRY\) - Case study - GOV.UK](#)

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ARK White City Primary School located in the north of the borough in White City Ward, an area of the borough where there was high prevalence of dental decay¹², limited number of dentists (see *Appendix 1*) and high levels of income deprivation affecting children (see *Appendix 2*).

Representatives from CLCH's Health Inequality team, school nurses, the local authority public health team, and the oral health promotion team collaborated with the school when it was selected in January 2025 for the project. The planning was coproduced with the school and has been delivered through their final summer term (Easter-Summer Holidays).

The pilot was developed to establish sustainable oral health practices within the school's pupil population and included the following components:

- **Supervised Toothbrushing:** Reception and nursery students began supervised toothbrushing sessions led by teachers, embedding the practice into their daily routine.
- **Teacher Training:** Staff received structured training in Supervised Toothbrushing to ensure effective implementation.
- **Focused Oral Health Lessons:** Year 4 students participated in a targeted oral health education programme, consisting of a series of structured lessons.
- **Peer Evaluation:** Year 4 students assessed the effectiveness of supervised toothbrushing sessions in reception and nursery, encouraging a sense of responsibility and engagement amongst pupils.
- **Oral Health Champions:** The initiative explored ways to empower students as oral health champions, fostering leadership and advocacy within the school community.

This project was carried out during the final term of the school year (2025), and evaluation is currently ongoing. Insights gained from this initiative will inform future approaches, with the potential for broader implementation across other schools in H&F and across North West London.

11. **Theme 3:** Increasing the availability of fluorides / Decreasing sugar intake, key achievements that have been delivered:

- We will be evaluating the healthy food and snack policies in early years settings and schools as part of the integrated H&F Food Plan. In collaboration with Education, we will be assessing current practices around healthy eating, school meals, and "water-only" policies. Improvements are underway through the voluntary Healthy Schools Award, which recognises schools' efforts in promoting health and wellbeing, with bronze, silver, or gold ratings based on self-assessment.
- To further support this initiative, a community dietitian is planned to be included as part of a new H&F healthy weight pathway to provide additional guidance and support for families.
- As part of "Targeted Fluoride Varnish Programme" the Council works closely with CLCH Oral Health Promotion team, Education team, schools and early years settings to ensure uptake of the programme. Learning from our intensive approach trialled at Ark White City we have learnt that by using a coordinated approach through NHS representatives, School

¹² [National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay](#)

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Nurses and Council staff there is more of a chance for a school, parents and young people to be willing to be involved.

12. **Theme 4:** Promoting access to dental services - key achievements:
- We have developed an online map enabling residents to find healthcare providers accepting new NHS patients near them¹³. We have advertised this through resident E-newsletter.
 - Training for professionals working with CYP on how to find and sign up to an NHS Dentist but specific work has underway with our Health Visitor's on signposting young families at the 2.5 Year check.
 - 90.8% of our children looked after had an up-to-date dental check completed on time in the year 24/25.
 - Further there is now the extended Free NHS Services (Up to 25): Care leavers in England are eligible for free NHS prescriptions, dental care, and eye care (sight tests) up to their 25th birthday¹⁴. This is being advertised widely through the Local Authority.

Implementation of the Supervised Toothbrushing Programme

13. Supervised toothbrushing (STB) is a classroom-based daily activity where children brush their teeth with fluoride toothpaste under the supervision of a trained adult. It usually takes 10 minutes per session including preparation, brushing, cleaning up and storage. Using fluoride toothpaste reduces the risk of tooth decay in children. STB is supplementary to at-home brushing.
14. On 7 March 2025, the Government announced the implementation of a national targeted supervised toothbrushing programme for children aged 3, 4, and 5 in the most deprived communities¹⁵. This initiative aims to prevent tooth decay and improve oral health outcomes. Funding eligibility and allocations were based on the number of 3- to 5-year-old children living in the 20% most deprived Lower Super Output Areas according to the Indices of Multiple Deprivation (IMD).
15. The Public Health team has commissioned Central London Community Healthcare Trist (CLCH) to deliver the scheme in H&F under the Provider Selector Regime (PSR)¹⁶. As our current Oral Health Promotion provider their existing links and ability to deliver effectively in short time scales has meant that we have been successful in implementing this programme. Implementation started in the new school year in September 2025. The Public Health team gathered data on schools with nursery and early years settings in areas classified as IMD levels 1 and 2. For schools not yet implementing supervised toothbrushing (STB), we are aiming to introduce the programme to ensure broader access to oral health support. Where STB is already in place, we may look to extend the initiative to schools in IMD levels 3 and 4, further expanding its reach. The rollout will be closely monitored, evaluated using the NHSE framework and findings will be reported back to OHID to assess impact and inform future developments.
16. Furthermore, following a national DHSC-Colgate initiative¹⁷, H&F has received toothbrushes and toothpastes which will be distributed over the next five years locally by our Oral Health Promotion team.

¹³ [Hospitals, GPs and dentists | London Borough of Hammersmith & Fulham](#)

¹⁴ [Government extends free NHS services for care leavers - GOV.UK](#)

¹⁵ [Supervised toothbrushing for children to prevent tooth decay - GOV.UK](#)

¹⁶ [The Health Care Services \(Provider Selection Regime\) Regulations 2023](#)

¹⁷ [Hundreds of thousands of children benefit from major dental health drive - GOV.UK](#)

Targeted Dental Access for Children (TDAC) Pilot

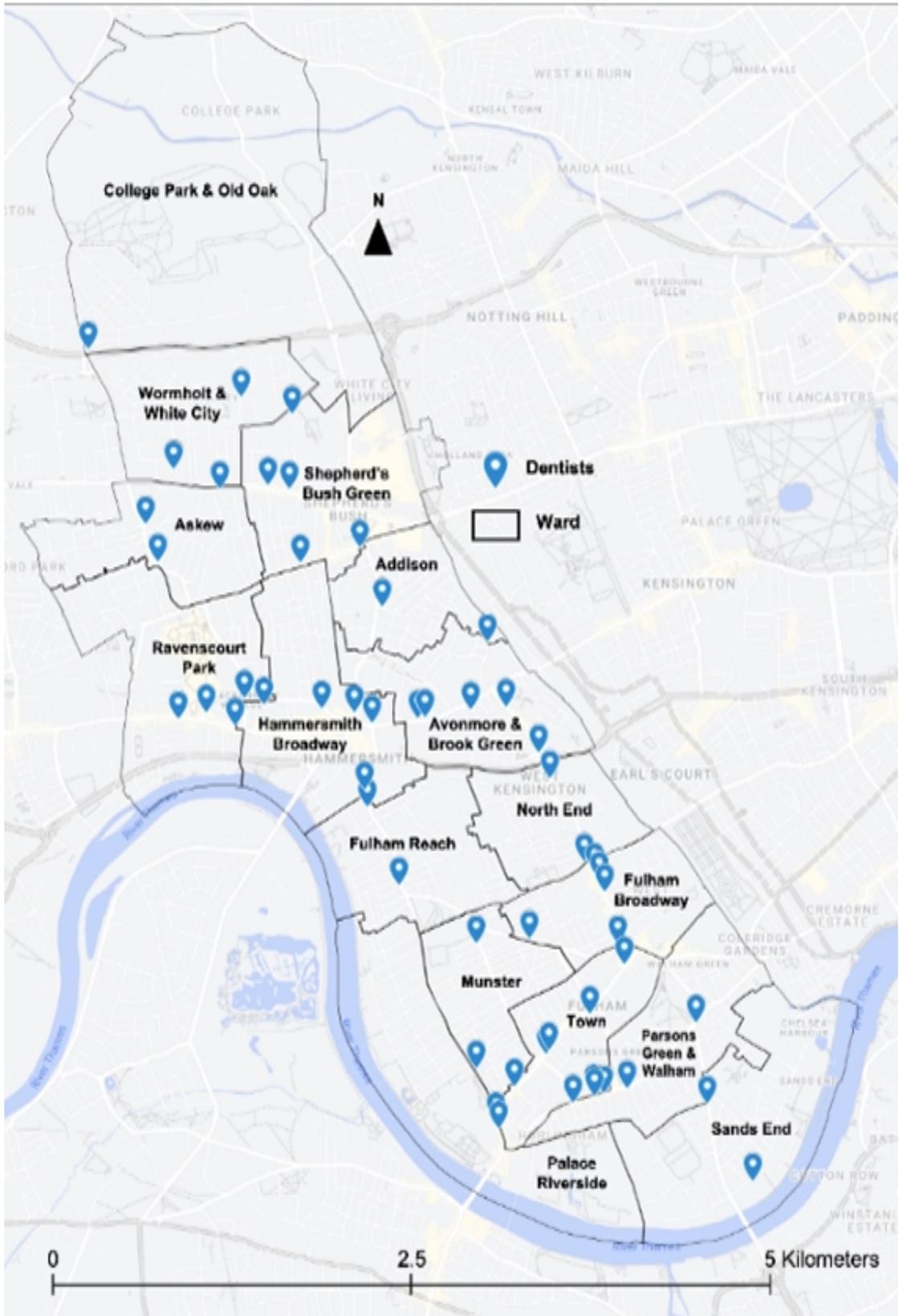
17. The Targeted Dental Access for Children (TDAC) Pilot is a targeted offer for children and young people (CYP), designed to build a clear pathway for CYP who are facing barriers, have additional needs and/or are from our Core20Plus (20% most deprived) population.
18. This initiative promotes effective joint working between local dental services, primary care, community early years health and education services, including family hubs, specialised dental care, and other community assets.
19. The Integrated Care Board (ICB) have commissioned selected dental practices to:
 - Provide tailored dental care for children and young people, including longer appointments and oral health advice.
 - Collaborate with communities and stakeholders to tackle access barriers via a practice champion.
 - Serve as a local dental service for children new to care, working with family hubs to promote oral health and manage referrals.
20. In H&F two dental practices are included in this pilot;
 - Ghauri Dental Centre (W12 0LU)
 - The Bush Dental Clinic (W12 7JA)
21. The Public Health team are leading on coordinating the approach for this pilot in H&F. We have developed a referral pathway for professionals working with families and CYP to follow and ensure the right residents are accessing care through this route.
22. The Family Hubs are championing this work as the main referrers and are actively engaging families. We have also been engaging other professionals to utilise this pilot such as our Health Visitors, School Nurses, Oral Health Promotion Team, Youth Clubs, Libraries and many more. Engagement and training for professionals is ongoing.
23. Due to our extensive work that has gone on previously in the year on raising the awareness of oral health and encouraging/advertising NHS dental practices we are currently finding that uptake of this pilot are low. We will be expanding the referral pathways to GP's and targeting certain schools to try to engage residents who may not already be engaging with services but are part of the Core20PLUS population.

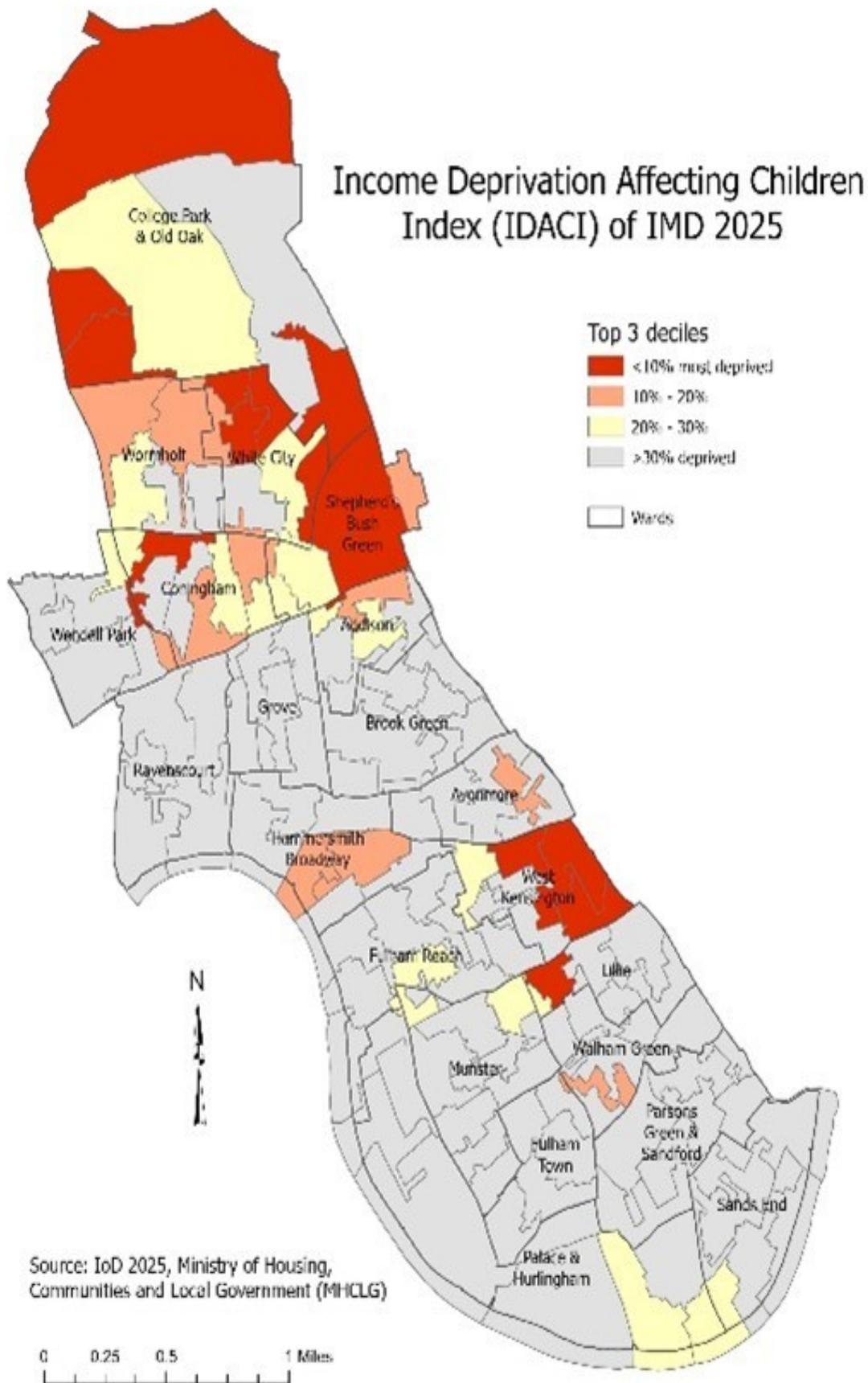
APPENDICES:

Appendix 1: Distribution of dentists.

Appendix 2: The income deprivation affecting children index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families in different local areas (called 'lower-layer super output areas', or LSOAs) across England.

Appendix 3: The Referral Pathway for TDAC.





TDAC Pilot - Dentist Referrals Pathway

The Targeted Dental Access for Children (TDAC) Pilot is a targeted offer for children and young people (CYP), designed to build a clear pathway for CYP who are facing barriers, have additional needs and/or are from our Core20Plus (20% most deprived) population. This initiative promotes effective joint working between local dental services, primary care, community early years health and education services, including family hubs, specialised dental care, and other community assets.

Selected dental practices have been commissioned to:

- Provide tailored dental care for children and young people, including longer appointments and oral health advice.
- Collaborate with communities and stakeholders to tackle access barriers via a practice champion.
- Serve as a local dental service for children new to care, working with family hubs to promote oral health and manage referrals.

In H&F, Ghauri Dental Centre (W12 0LU) and The Bush Dental Clinic (W12 7JA) have been selected to take part.

What We Need From You:

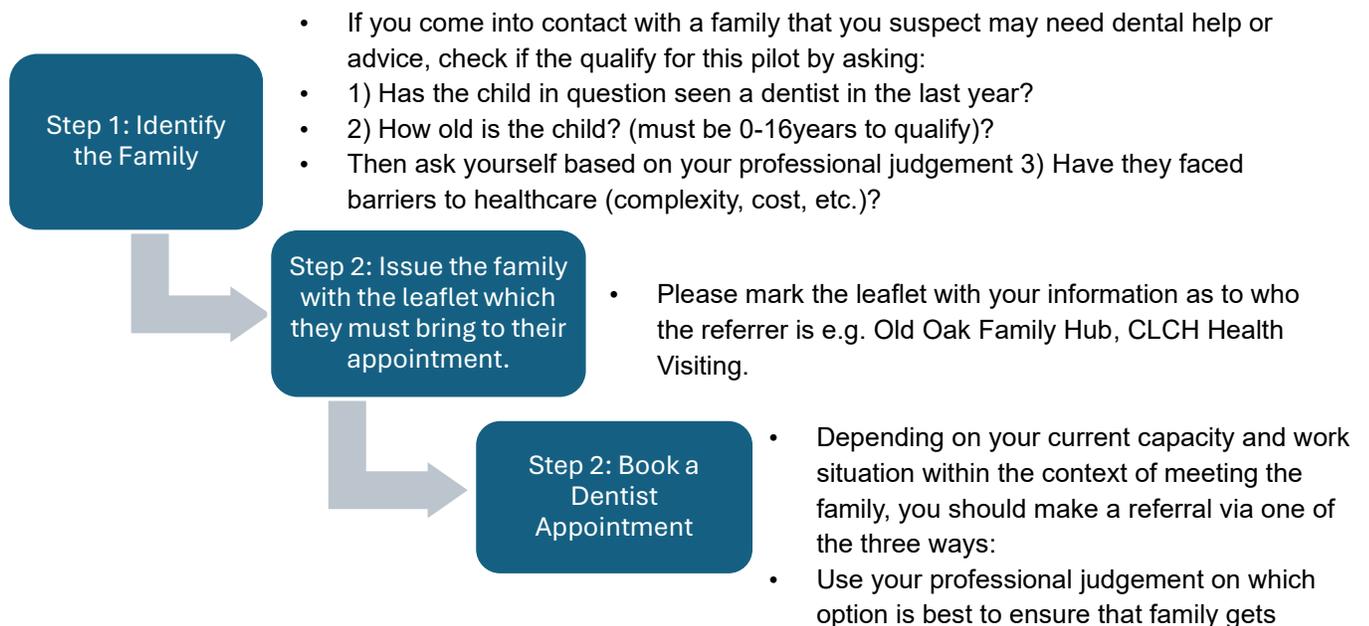
We ask that you, as part of the Family Hub, help to identify families with children aged 0–16 years who have not seen a dentist in the last two years and who may have experience barriers in the past. This includes families facing barriers to healthcare access due to complexity, cost, or other challenges.

For family members who self-book or are supported to book, our practice details are:

The Bush Dental Clinic
278 Uxbridge Road
Shepherds Bush, London, W12 7JA
Tel: 020 8743 0585
Email: info@bushdentalclinic.co.uk

Ghuri Dental Centre
3 Wormholt Road,
Shepherds Bush, London W12 0LU
Tel: 020 8746 1500
Email: surgery@ghauridentalcentre.com

Referral Flowchart for Family Hub Practitioners and Health Professionals



Option 1

- After ensuring that the child will qualify for the pilot, write down or ask the family to fill out a form with their: Name, Age, DOB, Address, Email, Phone Number.
- Ask for permission to send their information to the dental practice. Saying the dental reception will call them to book an appointment.
- Once a week compile these forms and split them into two halves to be sent to Ghauri, and half to Bush Dental Clinic.
- For staff-initiated referrals, please send them to our secure practice email: dental.v05398@nhs.net
- Give them the leaflet stamped and signed by the Family Hub.

Option 2

- If time permits, sit with the family and call the dentist to book an appointment immediately. (see dentist details above)
- State that you are calling from the family hub to book a family onto the NHS Pilot.
- The Bush Dental Clinic: **020 8743 0585**
- Ghauri Dental Centre: **02087461500**
- Give them the leaflet stamped and signed by the Family Hub.

Option 3

- As a professional, consider whether the family is likely to book the appointment at a different time (e.g. after the appointment).
- If so provide the family with a leaflet, instructing them to call and book saying they have been referred by the Family Hubs and bring the leaflet to their dentist appointment with them.
- Patients are welcome to book directly with us at the practice.
- (see dentist details above)